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THE UNIVERSITY OF ALBERTA

OCCUPATIONAL THERAPY IN ALBERTA SCHOOLS: ADMINISTRATIVE ISSUES FOR PRINCIPALS

by

VICKI J. ANDERSON

©

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION

IN

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ABSTRACT

Elementary and elementary-junior high school principals (n = 88) located in nine school jurisdictions in Alberta, completed a survey designed to examine school administrators' knowledge and opinions about the legal requirements and their responsibilities in providing programs and services for exceptional children. Factors were to be identified that were perceived as facilitating or hindering the acceptance of an exceptional child into their school/jurisdiction. Data were gathered using a questionnaire with three sections: 1) 35 statements where principals were asked to respond on a 5-point Likert-type scale; 2) three vignettes describing children with different diagnoses and implications for educational programming where principals were asked to decide whether their school could accommodate the child and whether their school jurisdiction should handle the child; and 3) a 66 item referral checklist to access occupational therapy, where principals were asked to indicate whether or not there was an educational responsibility to provide services for each problem behaviour listed.

The results provided some support for the hypothesis that principals with highly specialized services or programs at their schools would be more aware of the legal requirements for educating exceptional children in Alberta. Several factors that were viewed as both facilitating or hindering acceptance of exceptional children in schools were identified. Principals in general supported the behavioral items in the referral instrument and indicated that they had some educational responsibility for providing services.

The results provide some support for future investigation into the need for comprehensive academic preparation of school administrators which includes special education program development and management. The Occupational Therapy Referral Checklist (Magill-Evans & Madill, 1990) should be studied further regarding the relevance of behaviour items to education and clarity of terminology (language) used. Explanation into the effects of integration upon regular and special needs students, and the effectiveness of utilizing parents in coordination and management roles may be important issues in program development and management may also be factors to consider in academic preparation of school administrators.

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CHAPTER I

INTRODUCTION TO THE INVESTIGATION

Since the 1930s, there has been an increasing acceptance of responsibility in society to provide environmental opportunities conducive to the development of one's potential (Telford & Sawrey, 1981; Winzer, Rogow, & David, 1987). The expectations for quality of life for the exceptional child have changed and progress has been made by providing advanced services for exceptional children. In medicine, developments have been achieved in prevention of, intervention in and care for handicapping conditions. Technological advances have provided a variety of devices and aids to help exceptional children function in schools and the community. Societal pressures have influenced changes in the provision of special education, specifically in the areas of school responsibility, program delivery and implementation of services.

Throughout the 1960s there was a change occurring in many industrialized countries. There was a movement away from centralized institutions for the handicapped which sought the provision of educational and life styles based within the local communities (Wolfensberger, 1972). The CELDIC Report in Canada, the Warnock Report in Great Britain, and the American Public Law 94-142 were major documents of the time reflecting this movement (Lazure, 1970; Karaganis & Nesbit, 1980). These documents advise that special services (for example; occupational and physical therapy) provided in institutional settings now be available to handicapped individuals in their communities, including schools.

Education for the exceptional child has been increasingly moving away from the sole domain of special educators and student service specialists as a result of the increased demands for integration of exceptional individuals into the community and classroom environments. With this move to have more exceptional children involved in regular

schools settings, delivering therapy services in schools or communities has become a concern for therapy professionals, school administrators and parents. Also, legal requirements and policy statements in the United States and Canada for developing individualized educational plans to meet specific needs and abilities for exceptional children have raised demands for the availability of specialized services (Hummel, Dworet, & Walsh, 1986; Poirier, Goguen, & Leslie, 1988; Riediger, Hillyard & Sobsey, 1985).

In Canada, the exclusive power to make laws about education rests with the provinces (MacKay, 1984a). Providing appropriate individualized educational programs for exceptional children has two important aspects to consider in the planning process - resources and personnel (Alberta Education, 1987b). An appropriate education for an exceptional child is only possible with adequately trained personnel. One profession that is becoming more involved in the development of individualized education programs for exceptional children is occupational therapy.

Occupational therapists are professionals who provide services to develop skills, restore function, maintain ability, prevent further dysfunction and promote health across all ages groups and diagnostic categories (Health & Welfare Canada, & Canadian Association of Occupational Therapists, 1986). Therapists provide services aimed at furthering individuals' abilities to function fully in their personal environments of home, school, work and community. Therapists' primary role in schools is to help students participate in the least restrictive environment appropriate to the child's abilities and needs (Gilfoyle & Farace, 1981). Occupational therapists often function as members of interdisciplinary teams comprised of educators and other professionals providing services that encompass evaluation, treatment and consultation.

Occupational therapists need to be concerned about the roles and functions that can be carried out by therapists in schools. Therapists working in school systems must understand educational laws, policies, procedures and priorities to provide suitable services for exceptional

students. Most of the literature about school-based occupational therapy services is based on the situation in the United States (American Occupational Therapy Association [AOTA], 1987; Dunn, 1988; Gilfoyle & Hayes, 1979; Kauffman, 1988; Langdon & Langdon, 1983; Ottenbacher, 1982, 1983; Royeen, 1986; Royeen & Marsh, 1988).

Administrators at school and jurisdictional levels determine which programs and services will be provided by special professionals (Bloom, 1988; Garver & Schmelkin, 1989). Educational goals may affect school administrators' perceptions of what services are necessary for schools to provide. It is important to determine specifically when and how school administrators feel occupational therapy services should be accessed given a limited amount of funds available (Rourk, 1984). In order to help the delivery of occupational therapy services from referral to remediation or program implementation in the educational system, it is important to determine: (a) school administrators' awareness of the legal requirements for providing an appropriate educational program; (b) what areas of concern arising in the educational settings should receive intervention, and (c) are these areas of concern viewed as an educational responsibility?

The purpose of this study was to examine the awareness of Alberta school administrators about legal requirements concerning Alberta's special education services. It was to determine some factors that are viewed as facilitators or barriers in schools for accommodating exceptional students. Finally, it was to determine if school administrators view service provision for certain referral behaviours as a responsibility of the education system.

Significance of the Problem

Education in Alberta operates under the School Act (1988). Section 28 of this Act states that each school district will provide each resident student with an educational program (Alberta Government, 1988, p. 22).

Section 29 of this Act further guarantees access to a special education program for any student determined to have special needs (Alberta Government, 1988, p. 23). A specific reference in Section 30 of the Act states that the education program should be appropriate to the needs of the student (Alberta Government, 1988, p.23).

In Alberta, the implementation of the School Act (1988) is at the individual jurisdiction and school level. Therefore the provision of an appropriate education is a concern to Alberta's administrators as well as parents and special service professionals. Jurisdictions rely on provincial guidelines and policies for direction to develop their own local financial and planning directives to schools. School administrators apply their professional knowledge and management skills in planning programs and services to meet the needs of their students. Determining, accessing and managing resources is a challenge for administrators. School systems have also been involved in determining their rights and responsibilities in the provision of the necessary resources for the delivery of services to exceptional children (Poirier & Goguen, 1988).

Accommodating exceptional children in regular schools and providing appropriate educational programs requires additional help for teachers. Providing programs for exceptional children is a shared responsibility of regular and special education teachers, other professionals who are education team members, and parents (Kirk, Gallagher & Day, 1985; Kirk & Gallagher, 1986). Professional resources such as occupational therapy can help teachers by providing assessment, consultation and treatment services. They can help teachers in understanding children's problems and suggest ways of remediating and working with these difficulties in the classroom. Occupational therapy has a vested interest in the clarification and development of its role in providing services for exceptional children within the education system.

Research Questions

This study is part of a larger occupational therapy-based project which involves the development of a specific referral instrument for accessing occupational therapy services within schools. The project is being undertaken by the Department of Occupational Therapy at the University of Alberta, Edmonton (Magill-Evans & Madill, 1990).

The specific focus of this study is to examine school administrators' knowledge and opinions about the legal requirements and their responsibilities in providing programs and services for exceptional children. Factors that are perceived to facilitate or hinder acceptance of an exceptional child into their school/jurisdiction will be identified.

The following research questions will be examined:

1. Are principals aware of Alberta's legislation about the provision of special programs or services for exceptional children?
2. What do principals indicate education's role is in meeting the needs of children requiring special services?
3. What are the principals' attitudes about the usefulness and application of assessment and intervention strategies suggested by professionals to the teachers of exceptional children?
4. To what extent do the principals indicate that comprehensive services for exceptional students should be made available within the school? Should services be available within the school jurisdiction? To what extent do the principals indicate that schools should access services from other sources?

5. Do principals indicate that jurisdiction procedures and policies are adequate in dealing with educational needs of exceptional children? What factors are indicated that hinder or facilitate the educational system in providing programs or services for exceptional children?
6. Within the educational system, where do principals see the education of exceptional children effectively occurring?
7. What are the effects upon the regular student population when exceptional students attend their schools, and does this concern the principals?
8. What are principals' attitudes about the involvement and responsibility of parents in seeking and providing necessary services for their exceptional children in the school system?
9. For a referral checklist of problematic behaviours, which are viewed as a responsibility of the educational system to deal with? At what level(s) within the school system does the responsibility lie (that is, jurisdictional or schools level of responsibility)? Is the principal's school able to provide services to deal with the problems identified on the referral checklist?

Definition of Terms

A number of technical terms are used throughout this document. This section presents a brief definition of these terms. There was considerable overlap between some of the terms; for example, exceptional, handicapped and special needs; as well as mainstreaming, integration and least restrictive environment.

Exceptional Children - Winzer, Rogow and David (1987) state that these are children who have difficulty in realizing their full potential. Their intellectual, emotional, physical, or social performance falls below or rises above that of other children. The difference may be related to

physical, psychological, cognitive, emotional, or social factors or a combination of these. There are many terms noted in the literature which refer to specific types of exceptional children, for example, handicapped, disabled, impaired, dysfunctional, and special needs. Gifted and talented students are recognized as exceptional as well, however will not be specifically addressed in this study. Exceptional children are educationally exceptional only when differences require changes in school practices or special education services to develop their potential (Winzer, Rogow, & David, 1987; Kirk & Gallagher, 1985). For this study, three terms were used: exceptional, special needs and handicapped children.

Special Needs Students - This is an educational term referring to children who can profit from special education services. These services are required by a smaller proportion of students whose needs cannot be met adequately in the regular program.

Handicapped - This is the term used in the U.S. legislation. It is widely used within the public sector to identify someone who has difficulty adjusting to the environment because of intellectual, physical, emotional or social problems.

Special Education - This refers to instruction that is specially designed to meet the unique needs of an exceptional child. Direct instruction is provided by teachers and intervention from a team of professionals may also be used. Therapists and other professionals work with the teacher to help in the planning of an appropriate education for each child.

Alberta Education (1987b) states that some students may require special curricula or different methods of instruction. There may be changes to programs, facilities, equipment, materials and settings.

Sage and Burrello (1986) discuss the terms special education and special services. The former relates to activities of an instructional nature. Special services relate to those supportive or ancillary

functions that are necessary in operating educational programs for students.

System-Related Factors - These are factors that directly relate to the school administrators' interpretations of provincial legislation, policies and guidelines.

School-Related Factors - This term includes factors that are unique to any particular school (for example, resource rooms, teacher aides, special programs, etc.).

Adequate/Appropriate Education - Legislative acts define this concept as the development of an individualized education program, which is to be developed jointly by education team professionals, parents and whenever appropriate, the child. The issues of equal access and natural justice are also important aspects to be incorporated and considered in the delivery of appropriate educational services.

Mainstreaming - This philosophy questions the effectiveness of special classes, labelling and traditional classifications of exceptional children (Winzer, Rogow, & David, 1987). It advocates keeping special needs children within the regular classroom setting to meet their educational needs.

Least Restrictive Environment - Education in the least restrictive environment (LRE) may take place in a regular or special class, special institution, hospital, or home. It may be full time or part time. It requires that the handicapped child be educated with non-handicapped peers, the extent of which can be varied according to the needs of each exceptional child. This is also termed integration. American legislation mandating education in the least restrictive environment does not include the term mainstreaming.

Integration - Exceptional children should not be segregated from other children, but this does not mean that every exceptional child should be totally involved in a regular class setting (Robichaud & Enns, 1980). Regular classes should aim to benefit most children but special class

placement or special resources or services should be provided when necessary to meet the educational needs of the student. Contact among all children should be provided to the maximum extent possible that will benefit the student and the education program.

Normalization - This philosophy is a reaction against institutionalized services which advocates taking individuals from institutions and returning them to their homes and communities. It supports the belief that all exceptional individuals should be provided with an education and living environment as close to normal as possible (Wolfensberger, 1972). Wolfensberger stated that a range of integration alternatives are possible; from integrating mildly handicapped students into regular classes, to taking severe and profoundly handicapped individuals out of institutions and providing appropriate services to home and community. Robichaud and Enns (1980) however, stated that the term is used in relation to the profoundly handicapped.

Individual Education Plan (IEP) - This term refers to a program for a student that has been developed through an assessment and planning process that addresses the specific needs of the particular student (Alberta Education, 1987, p. 22). Every aspect of the student's education is considered: facilities, programs, teaching and training methods, resources and personnel requirements. The program plan describes the needs of the exceptional student and how the needs will be met through the educational program.

Delimitations

This study was delimited to principals in Alberta. In an American study by Bloom (1988) it was suggested that school administrators determine the program needs within their schools and the utilization of resources. Generalization to school systems outside of the United States and other levels of administration within jurisdictions should be made with caution as system-related factors or government directives may have

different implications for school administrators.

Education is handled provincially in Canada (MacKay, 1984a). Legislative requirements for schools will be different in each province. Therefore, generalizations to principals in other provinces should be carefully considered, keeping in mind the specific provincial legislation governing education.

Limitations

This study is limited by factors related to self-report research, questionnaires and the timing of the study. These are:

1. The views of the investigator, as an occupational therapist, may not have been adequately concealed in the design of the questionnaire.
2. Attempts were made to keep occupational therapy and medical terminology to a minimum. In spite of this, the relevance to education of some of the behaviours/items on the referral instrument may not have been clear to some principals.
3. The study was undertaken at the time the Alberta School Act (1988) had just received Royal Assent. While the contents of the Act were available to jurisdictions, only draft regulations had been made available.

Overview of the Study

The remainder of this document is organized under the following chapters.

Chapter II: Review of the Literature

This chapter provides a summary of related literature. Issues in providing an appropriate education for exceptional children are covered using three lines of inquiry:

1. Education related issues on integration, needs for professional services required to achieve integration, barriers to integration and the

identification and referral of children with special needs.

2. Results of legal interpretations on cases covering appropriate (or adequate) education, provision of required services and the requirements upon the education system in following the legislation.

3. Occupational therapy as a professional service available within the education system.

Chapter III: Methodology

The research design and procedures for questionnaire development, piloting, changes and distribution are presented.

Chapter IV: Analysis and Interpretation of the Results

The results from the questionnaire are reported, analyzed and interpreted in detail.

Chapter V: Implications and Recommendations

Conclusions are presented and discussed in relation to the related information presented in the review of the literature in Chapter II. Possible implications for Alberta's school administrators that related to the data gathered on legal implications are reported. As well, recommendations for future research and issues to consider in preparing educational administrators are suggested.

CHAPTER II

REVIEW OF THE LITERATURE

In this chapter the school administrators' views on legal requirements and educational responsibilities in providing an appropriate education for exceptional children are covered using three lines of inquiry.

The first section is an introduction to issues in special education that have come from the development of the rights of handicapped individuals in society. Services needed to achieve integration into the regular classroom, barriers to integration and the identification and referral processes for exceptional children are discussed.

The second section deals with the requirements for developing and providing an appropriate education. The focus is on legislation and judicial decisions that relate to the definition and standards of an appropriate education. The issues discussed also take an administrative viewpoint on providing any required services and the legislative requirements for the education system. This section also details the differences between the American and Canadian situations in achieving an appropriate education.

Occupational therapy as a profession and its role in delivering therapeutic services in school systems is discussed in the final section. The legislative implications for the delivery of occupational therapy services in the school system are covered. A description of the practice of school-based occupational therapy services is presented with a special emphasis on service delivery models and the referral and assessment process.

The administrative issues in delivering an appropriate education to

exceptional students are complex. Therefore, this chapter presents these three broad areas that relate to education practice and administrative perspectives.

Issues in Educating Exceptional Children

A changing philosophy in society about the rights of handicapped persons and their position in the community has influenced Canadian policies about education for exceptional children (Winzer, 1984). Three major documents inspired the development of education for exceptional children in Canada. These were: Canada's Commission of Emotional and Learning Disorders in Children (CELDIC) (1970), United States' Education for all Handicapped Children Act (1975), and Britain's Warnock Report (1978) (Karaganis & Nesbit, 1980).

The 1970 CELDIC Report documented the needs of children in the areas of education, health, welfare and justice. It stressed a need for changes in Canada to guarantee improved educational opportunities for exceptional children (Csapo, 1980). In 1975, the United States enacted the Education for all Handicapped Children Act (EHCA) which guaranteed free appropriate education. If states wanted to receive federal funding for education, they were expected to follow the federal legislation (Karaganis & Nesbit, 1980). In Britain, the Warnock Report (1978) emphasized education for all children from two perspectives. The first was an educational awareness of the society in which children live and their responsibilities as citizens in that society. The second educational perspective was to promote independence and self-sufficiency in children (Karaganis & Nesbit, 1980).

In 1979 the United Nations sponsored the International Year of the Child. From this event, the Declaration of Rights for the Child was written which stated that any child who was disadvantaged for any reason should receive the treatment, education and special care they required (Goguen, 1980). Goguen stated that this document increased the attention of all government and administrative levels in addressing policy

development in the area of special education.

The provision of specialized educational programs for children with special needs is a concern for educators. Poirier, Goguen, and Leslie (1988) identified specific educational needs of children: the need for continuity of services, the need for involvement in the educational process, the need for an appropriate education, the need for additional resources, such as accessible facilities, trained personnel, adapted programs and extra funding, and procedures to achieve an appropriate education (p. 8). These authors suggested that, by not meeting these needs, an exceptional child might be at higher risk of failure to achieve an adequate education.

The Canadian CELDIC Report (1970) addressed the issue of meeting needs by stating that the provincial governments should be responsible for setting standards for making services available (Karaganis & Nesbit, 1980). The responsibility for meeting the needs of individual children should be at the local community level where awareness of needs is more noticeable. These authors also indicated that the provision of funds was needed to accomplish delivery of services.

Winzer, Rogow and David (1987), like Karaganis and Nesbit, stated that interaction between groups of people, professionals, parents and community were needed to provide a full range of services and programs. Quality programs and services were needed to meet the developmental and psycho-educational needs of any child. These authors stated that education is a complex, multifaceted process used to achieve physical, emotional, social, intellectual and moral development. For exceptional children, a continuity of services over the school years would support the development and implementation of an appropriate education.

The development of occupational therapy services within schools must address the needs identified by Poirier, Goguen and Leslie (1988) for continuity of service, communication and interaction. Knowledge and skills also need to be shared between professionals concerned with the

development of specialized educational programs for exceptional children (Winzer, Rogow, & David, 1987).

The focus of early documents in the area of education for exceptional children indicates that the child is a member of the community and the broader society. Authors identified service provision as an important component towards achieving an educational goal of the child functioning in the community and society. They indicated that services come from a variety of sources and must be delivered in a coordinated manner.

The Issue of Integration

During the past three decades one movement in education has been to bring exceptional children into the regular education program as much as possible (Kirk, Gallagher & Day, 1985). Integration, or mainstreaming, is an effort to provide special services for exceptional children in the least restrictive environment. The belief is that being enroled in regular classes gives exceptional children opportunities to interact as much as possible with their non-handicapped peers. An exceptional student would leave the classroom only when necessary to receive special services (Kirk & Gallagher, 1986). Education for exceptional children has been moving away from being the sole domain of special educators.

The integration movement has increased the number of exceptional children seen in public schools (Leigh Hill, 1988; Poirier, Goguen, & Leslie, 1988). Regular classroom teachers have been expected to meet the demands of handling an increasing variety of students' special needs (Hummel, Dworet, & Walsh, 1986; Leigh Hill, 1988; Riediger, Hillyard, & Sobsey, 1985). Integrating exceptional children requires a range of services to allow the individualization of educational programs necessary to meet the unique needs of exceptional children (Meyen & Skrtic, 1988; Winzer, Rogow & David, 1987). Integration unites the skills of educators and professionals to provide appropriate educational programs and

opportunities.

An accompanying development in accomplishing integration is the coordination and provision of services to assist teachers (Robichaud & Enns, 1980). Children display a wide range of conditions with varying degrees of severity that affect their functional abilities in the education system. Different types and degrees of help are therefore needed to develop specialized educational programs. It is not expected that schools meet all the specialized needs of exceptional children, but they should provide those services that would allow a child to benefit from an educational program.

The Alberta government has stated that meeting the needs of the children is a shared responsibility between community agencies, hospitals, medical experts and parents. Schools are seen as partners in addressing the needs of exceptional children (Alberta Education, 1987a).

For program success, services for individuals need to be managed effectively. Winzer, Rogow, & David (1987), stated that the mere physical presence of an exceptional child in a regular class did not guarantee learning. Each child must be socially and instructionally integrated with other children. The exceptional child required a unique plan of action, commonly called an Individual Education Plan (IEP).

The IEP was described as a management tool to achieve an appropriate program for each child. Winzer, Rogow, and David (1987) listed several factors which make up the IEP and its utilization in the educational program. One of its important uses was the identification of the responsibilities of the various personnel who were to carry out the IEP. Therefore the IEP was an the interdisciplinary tool used in schools to link together the people involved with the student's educational program. Meyen and Skrtic (1988) stated that the IEP also provided a basis for quality control.

Barriers to Integration

Some authors identified various factors that affect the success of

integration. Physical factors, attitudes and administrative concerns were found to affect successful integration of exceptional children into regular classroom settings (Robichaud & Enns, 1980; Winzer, Rogow, & David, 1987).

School designs, lack of ramps or elevators for wheelchair-bound students were some of the physical factors identified by Winzer, Rogow and David (1987, p. 18).

Attitudes were reflected in policies, school jurisdictions and classroom behaviours (Steer, 1983). Winzer, Rogow, and David (1987) also noted several studies that examined attitudes. One attitude was that parents of non-handicapped children felt there would be a decrease in the teacher-time available for the non-handicapped children in their classes. Another attitude was prejudice against handicapped individuals, in that some people felt exceptional students' needs could be better met in a segregated class setting. Winzer (1984) found that individual school staff beliefs may not support integration. She also found that educational staff were more willing to teach and provide programming when they had information and training about the areas of difficulty shown by the child. They were also more positive if they had any previous experience with handicaps. Hudson, Graham, and Warner (1979) found that some school staff felt that their education program was weakened and effectiveness decreased when handicapped students were in the classroom. Hallahan and Kauffman (1988) also found that educators did not believe that they had adequate preparation to cope with the special problems of exceptional children.

Two studies looked at school administrators and special needs students. Cline (1981) found that most principals were not very knowledgeable regarding handicapped children, and a study by Barngover (1971) indicated that administrators exhibited more positive attitudes than teachers towards the integration of exceptional students into regular classes.

Robichaud and Enns (1980, p. 205) stated that teachers needed to receive the encouragement and support of administrators. If administrators did not believe in the value of integrated education, it would be difficult to achieve. These authors also stated that the management and flexibility required for integrated service delivery was a demanding expectation for administrators. The authors indicated that teachers did not have the resources to maintain integrated services successfully on their own. Administrators needed to distribute financial support and provide management support to assure the quality of educational programming for all children.

The issue of integration has been described as a complex process which tries to provide an individually-designed and specialized educational program. Integration means placing an exceptional child in the least restrictive environment possible to achieve the educational program and to allow for contact with non-handicapped peers. The literature reviewed indicated that successful integration would require a range of services from educators and professionals to develop and implement an Individualized Educational Program.

Identification and Referral Processes

The CELDIC Report (1970) stated that precise identification of needs is a necessary aspect of appropriate education. It suggested that schools should "provide educational assessment services and coordinate supportive services provided to the classroom teacher" (p. 142). The Education for all Handicapped Children Act (1975) in the United States provides for a non-discriminatory evaluation by a multidisciplinary team (Algozzine, Ysseldyke, & Hill, 1982). This team would assess children in all developmental areas related to the suspected disability. The Warnock Report (1978) from Britain, described assessment as a multi-level process usually used to seek advice about how to meet the needs of an exceptional

student. The Warnock Committee felt that an adequate education would be jeopardized without effective assessment procedures (Karaganis & Nesbit, 1980).

It is the referral that begins the assessment process. Research on the referral process within the education system has focused on the kinds of students referred and the reasons or problems for referrals. Referrals could be formal using a specifically designed form; or informal where the teacher or parent talks to specialists (Ysseldyke, 1986). The Warnock Report (1978) and Ysseldyke (1986) both stated that initiation of the referral process was to be done by the teacher. Pugach (1985) went one step further by stating that the teacher's decision to refer was the critical point in the identification process.

Teachers referred students for multiple rather than single reasons, as they described problems as being multidimensional. Differences also existed between reasons identified by the teachers and information asked for on referral forms (Pugach, 1985, p. 131). Ysseldyke's 1986 study indicated that the decision to refer a student was made when enough difficulties exhibited in school warranted evaluation by diagnostic specialists. Although students were referred for multiple reasons, the most common reasons were academic and behaviour problems (Pugach, 1985; Ysseldyke, 1986). Pugach (1985, p. 130) cited behavioral problems as being referred 64% more often than other problems.

What a teacher hoped to gain from the referral and assessment process has also been studied. Most often the teacher was looking for placement of the child (White & Calhoun, 1987; Ysseldyke, 1986). In many cases teachers had exhausted instructional options for the student, therefore at the time of the referral the teacher may have wanted the student out of the classroom (Ysseldyke, 1986).

Christenson, Ysseldyke, and Algozzine (1982) identified two major areas that teachers indicated as barriers or facilitators to the referral process. These were: 1) institutional constraints, such as availability

of services and organizational procedures, and 2) external pressures, such as federal/state guidelines, parental pressures and the sociopolitical climate. These authors found that high regard for the quality of special education services was perceived by the teachers as an influencing factor for teachers to make referrals. In another study, Ysseldyke (1986) found two other influencing factors for teachers' referrals: (1) reinforcement from the professionals for referrals made, and (2) ease of the referral process. Ysseldyke (1986) recommended more research focusing on policy factors at administrative levels that affect referrals.

Pugach's (1985) study also raised concerns about referral procedures. One concern was lack of referral criteria. Twenty-five percent of the teachers learned how to use the referral process by experience and without guidance (1985, p. 131). No guidelines were in place to help make suitable referral decisions for 26% of the teachers in the study (1985, p. 131). This study supported the development of school-level procedures and guidelines for referral processes.

The studies of Ysseldyke (1986) and Pugach (1985) on referrals and decision-making processes have implications for occupational therapy. A referral form that is discipline-specific may be an efficient use of limited resources. The knowledge base of occupational therapy can be advanced through research into a discipline-specific form. Politics, economics and social factors can affect any referral process. These factors plus Ysseldyke's factors of reinforcement from professionals and ease of referral will be important considerations in the development of a specific referral form for occupational therapy.

Requirements for an Appropriate Education

This section of the literature review presents information on another movement in education, which is to guarantee the rights of the exceptional child to a free and appropriate education through legislation. Through provincial legislation, policies and procedures, school boards

across Canada determine their rights and responsibilities in providing resources and procedures to meet the needs of children within their jurisdictions (Kirk & Gallagher, 1986; Poirier & Goguen, 1986). Provincial guidelines give direction to school boards in what is required for an appropriate education.

Literature in the area of appropriate education focused on judicial decisions made in special education in the United States rather than research studies. In Canada, there were also some judicial decisions located in the literature, but there were more reports on proposed implications of federal and provincial legislation that could affect education for exceptional children than cases (Dickinson & MacKay, 1989; Poirier, Goguen, & Leslie, 1988). There was extensive literature available about American legislation for education for exceptional students, however this legislation is very different from the legislation in Canada, primarily because education in Canada is a provincial responsibility and the federal government has little direct impact on educational policy (MacKay, 1984a).

In the United States, the 1975 Education for all Handicapped Children Act (EHCA) guarantees the provision of a free and appropriate education for all handicapped children. It has minimum requirements for states to meet so that they can be eligible to receive federal financial grants. The goal of the EHCA was to decrease the occurrences of school districts excluding handicapped children from attending regular schools (Coates, 1985).

The minimum requirements of the EHCA for each state to meet are:

(1) There will be a policy guaranteeing the right to a free, appropriate public education for all handicapped children.

(2) There will be policies and procedures to assure the provisions of an appropriate education.

(3) Procedural safeguards will be set up.

(4) Schools will develop individual educational programs for children.

(5) The school systems will set up educational standards for handicapped students (Data Research, Inc., 1988).

Provision of Related Services in the United States

In the United States, the regulations of EHCA state that school jurisdictions must provide "related services" to a handicapped child. "Related services" are identified as: transportation and such developmental, corrective, and other supportive services as required to assist a handicapped child to benefit from the Individualized Educational Plan (IEP) (Gearheart, 1980; Green, 1982; Osborne, 1988). Some services allow access to the educational program (for example, transportation); while some enhance educational progress (for example, special personnel and adapted materials). In Canada, the term "related services" does not apply; there is no specific identification or definition of this term in provincial legislation.

To receive "related services" in the United States, the child must first be identified as needing special education services (Green, 1982. p. 2). Decisions are made about what "related services" are required to place handicapped children in the least restrictive environment (Meisel, 1986). Meisel also stated that providing "related services" in schools has increased the need for interactions between educators and health care professionals (1986).

Osborne (1988) indicated that some medical services have been identified as being outside the "related services'" mandate. These are health-related services that must be performed by a licensed physician, or life support services that do not need to be performed during school hours. Medical/health services that can be covered under the EHCA are for diagnostic or evaluation purposes when needed.

The U.S. case of Irving Independent School District v. Tatro (1984)

dealt with the extent to which medically-based services should be provided at school. The school district refused to provide catheterization for a physically involved child during school hours. The Court decided that this service must be provided to allow the child access to an education program. As the service could be done by a nurse or trained lay person it met the legal requirements of "related services". In Canada, MacKay (1987) has identified the increasing need for school boards to develop standards and procedures for special health care services to be provided within the schools.

The basis for determining the need for "related services" is a multidisciplinary assessment. These "related services" are needed to allow the student to gain access to and remain in the special education program, and progress towards the goals identified in the IEP (Osborne, 1988). Meisel stated that collaboration is necessary among educators and other professionals to develop appropriate programs for exceptional children (1986). Bell (1984) also indicated that services to handicapped individuals will depend on collaborative efforts between health care professionals and educators to provide services to exceptional students as a result of the educational responsibility for providing services.

Administrative and Management Issues

Among the range of administrative and management concerns of administrators, there were two noted in the area of providing specialized professional services. Bell (1984) suggested that various government departments providing funding can affect the services provided to exceptional children because of different priorities held by each department. Bell (1984) and Coutinho and Hunter (1988) indicated that professionals must be aware of the various funding sources' priorities in order to work together to provide services efficiently and effectively.

How to deliver required services was also indicated as a concern for school administrators. Bell (1984) described two possible models for

delivering special services for students. A centre-based model would provide services that are located within a specific school setting. Children requiring special services and programs would then attend that school. A resource-based model would provide services that could cover more schools in the jurisdiction.

Defining an Appropriate Education - Legal Cases

The definition of an appropriate education is a complex issue. Although not dealing with a handicapped student in the school system, Brown v. Board of Education (1954) has had a strong impact on the perspective that education has a vital role in society, and that education is a right that must be made available to all on equal terms (Dickinson & MacKay, 1989, p. 152). In Brown the U.S. Court stated that education was an important service to be provided by the state and local governments. The American legislation (EHCA) tries to assure an education for handicapped children that is equal to that provided for non-handicapped children (Poirier, Goguen, & Leslie, 1988).

In the United States, the judicial system has been used to clarify and interpret the EHCA. Court cases dealing with many aspects of providing an appropriate education will be discussed in this literature review. The legal cases used in this paper were taken from the comprehensive Osborne text (1988) which covered many legal issues in special education in the United States. Other sources are cited when applicable.

Integration

Osborne stated in his guide on legal issues in special education services that exceptional children should be educated in regular classroom settings unless an alternative educational program has been developed that is more appropriate for the child when considering any academic, social and psychological needs (1988, p. 20). Mallory v. Drake (1981) and Roncker v. Walter (1983) illustrated the concept of placement in the least

restrictive environment. In the first case a severely handicapped child should have been placed in a special education class in a public school setting which would provide more social interaction and modelling of less handicapped students.

The second case also involved a severely handicapped student and looked at a choice between two different class placements. One was a special education classroom of other severe students which provided an appropriate academic program but no opportunities for interactions with non-handicapped students. The other classroom placement was a less segregated setting that provided more opportunities for integration but needed to provide the services that would make its academic programming suitable for the child. The Court required that the less segregated classroom setting develop an educational program suited to the child's needs.

Court decisions also reflected the need for identifying the degree of integration to be achieved. In Campbell v. Talladega County Board of Education (1981) the child needed more opportunities to interact with non-handicapped peers; but a more restrictive 24-hour day program was needed for the child in Gladys J. v. Pearland Independent School District (1981). The courts felt that the EHCA did not intend integration in every case but it must be considered. The opinion was, if a student had additional services within a less segregated setting, then progress could be enhanced and opportunities for integration provided.

In Canada, the Elwood settlement (1986) provided an example of the integration concept. This student attended a regular class placement in the local school rather than a special segregated class at a different school. To place the student in a segregated class, the school board had to justify why the segregated placement was more reasonable than placement in a regular classroom setting (Dickinson & MacKay, 1989, p. 276). The basis of Elwood was that placement in the segregated class would violate the child's right to an education without discrimination based on mental

or physical disabilities, as interpreted from the Canadian Charter of Rights.

Neighbourhood School Placement

The least restrictive environment aspect of the EHCA does not require that school districts develop specific programs in the neighbourhood schools of handicapped children. In Pinkerton v. Moye (1981), the Court decided that the school board made a reasonable placement decision. The centrally located program was appropriately developed for a small number of students from the district who had similar needs. Transportation arrangements as a related support service were provided.

In Troutman v. School District of Greenville County (1983) the placement was supported because the IEP recommended specialized programming which was not available at the local school. The board's recommended school could meet the IEP needs and address the need for integration. In Mallory v. Drake (1981) the special class placement supported by the court decision could be anywhere within the school district or neighbouring district. It did not need to be at the school close to the student's residence.

Funding and Equality

In Mills v. Board of Education (1972), the school district was told that it had a responsibility to provide an appropriate education for each child in its jurisdiction. Inadequate funding could not be used as a reason for not providing an appropriate program at the expense of exceptional children. The Court stated that when funding issues were a concern for a school district, the allocation of all funds and programs must be fairly distributed. Programming could not be provided at the cost of one group over another. Rourk (1984) noted conflicts in funding which resulted from limited resources in school boards. These funding issues impacted on the numbers and kinds of staffing positions available and affected the reimbursement for services (Rourk, 1984, p. 314).

More Restrictive Setting

It may be necessary to consider more restrictive environments because some children may require more specialized settings to achieve an appropriate education. The Johnston v. Ann Arbor Public Schools (1983) case showed that an appropriate education could not be provided in the least restrictive environment even with additional aids and services being made available. A specialized setting was required by this child.

The Individual Education Plan (IEP)

Laura M. v. Special School District (1980) and Anderson v. Thompson (1980) showed that an IEP must be designed to meet the unique needs of the child. Access to regular class programs that may be appropriate must be addressed. The school was also responsible for assessment and monitoring of the program to make sure it continued to meet the child's needs.

Appropriate, Not Best

The concept of an appropriate education is an important administrative issue to consider because related services could be directly affected by administrative decisions made at school or jurisdictional levels. Court rulings showed a difference between available programs and adequate programs. If a school is meeting the child's needs through an adequate program, the requirements of EHCA are being met. This is true even if there is a better program available at another school.

These issues were handled in Springdale School District v. Grace (1982), Board of Hendrick Hudson Central School District v. Rowley (1982), and Rettig v. Kent City School District (1986). The courts indicated that although additional services could provide more opportunities for an exceptional student to achieve their potential, the services were comparable to the extra opportunities that a non-handicapped student might receive. The EHCA was not interpreted as guaranteeing the best program but its mandate was to provide an appropriate program. It was felt that schools would not have to provide all services that may be helpful to the

exceptional child or use every new teaching technique (Osborne, 1988).

The Rowley (1982) case was significant in clarifying an appropriate education because it went to the Supreme Court level in the United States. The decision at that level, was that an education program needed to be sufficient to provide some educational benefit to the student. According to the law, the program for the child that developed their potential must be equal to opportunities provided to their non-handicapped peers. It did not have to be the best program (Broadwell & Walden, 1988; Turnbull, 1986).

Osborne (1988) noted that many individuals in the education field were concerned about the Rowley legal decision. The concern was that schools could interpret the Rowley (1982) ruling to mean that they would not need to provide comprehensive related services or additional teaching resources. Administrative decisions to continue to provide a complete range of services for exceptional children might be affected because some administrators might feel that some educational benefit is enough. A minimum service approach to education for exceptional children may affect the continued development of comprehensive related services within schools.

Osborne summarized several aspects of an appropriate education that had been clarified through the American legal system (1988, p. 42). These were:

(1) least restrictive environment - handicapped children must be educated as much as possible with their non-handicapped peers;

(2) educational benefit - services and programs promote progress in achieving IEP goals. Programs and services do not need to be the best. They may be affected by availability, costs, and teaching strategies;

(3) specific program - instruction and service goals must consider the unique needs of the child;

(4) procedural requirements - guidelines outlined in the EHCA safeguard the rights of the individual to receive an education;

(5) related services - related/support services must be provided as necessary for the child to benefit from the individualized education program;

(6) access - class options selected must allow access to a regular program as much as possible, or a more restrictive program as indicated by the unique needs of the child.

Education Legislation - The Canadian Experience

With revisions to the Canadian Constitution and the advent of the Charter of Rights and Freedoms (1982) (hereafter referred to as the Charter), there has been a gradual change in the area of human rights. The Charter guarantees equality rights by stating that every individual is equal and has the right to equal protection under the law. There is to be no discrimination based on many factors, two of which are mental and physical disability (Section 15 (1)). This federal legislation became law in 1982 with some provisions coming into effect in 1985.

MacKay (1986a,b & 1987) suggested that the Charter is potentially significant for the field of education. Educational legislation is one area that has received attention in some provinces since the Charter came into effect. Statutes and regulations have been made or changed to be sure that exceptional children will be guaranteed access to special education programs to meet their individual needs. Because the Charter has entrenched constitutional rights that cannot be affected by the elected governments of any particular time, MacKay (1984b, & 1986a) indicated that the judicial system has become the protector of the rights of Canadians. MacKay felt that the courts could become more involved in the regulations for education because of the Charter (1984b & 1986a). If rights have been denied or infringed upon then the judicial process can be

used to get a resolution according to Section 24 of the Charter which relates to the violation of equality rights.

Poirier and Goguen (1986) stated that the right to an education is implicit in the Charter under the equality section. Presently the right to an education is not a specific legal right in Canada but is classed as a welfare right. Welfare rights are considered to be protective in nature in that they refer to something without which the individual could sustain harm. In relation to children, the Canadian Council on Children and Youth (1978) identified rights for economic support, health care, protection and education. The educational goals identified were the need for a national policy for education and the need to assure an appropriate education for all children regardless of any handicapping condition. A national policy should set out minimum standards which were aimed at ending inequities in the education system (Ibid, 1978, p. 158).

The human rights legislation that exists in some provinces prohibits discrimination on the basis of physical or mental handicaps or discrimination in the areas of access to public buildings, services or facilities. This legislation may have implications for education in that province (MacKay, 1984b; Poirier, Goguen, & Leslie, 1988). For example, a Manitoba court decided that a school was not a facility routinely accessible to the public (Winnipeg School Division No. 1 v. MacArthur [1982]); however a different decision was reached on another case in Alberta, where it was felt that the school did fall under the province's human rights legislation (Schmidt v. Calgary Board of Education [1975]) (MacKay, 1984b). Therefore it is not only education legislation that could have implications for schools in developing policies for educational programming for exceptional individuals, but human rights legislation may impact on schools as well.

Dickinson and MacKay stated that the courts would not be likely to interfere if school boards developed and implemented plans to deal with equality in their schools (1989, p. 179). Educators therefore need to

understand legislation and the implications for policy development at the school level. The judicial system was viewed as a potential new partner in the educational process by these authors.

Provincial governments have been faced with similar concerns as the United States in addressing the needs of exceptional children through the development of legislation and regulations. Legislation is required to provide a basis for policy development at the school jurisdiction level. Provinces have to define what constitutes an appropriate education. Procedures for identification, referral and assessment, program development and placement determination have to be developed. The provinces must also address the issue of special services and resources that are needed in providing an appropriate education for their students.

Provincial Legislation - Mandatory and Permissive

Provincial legislation on the provision of educational services for exceptional children has been classified as permissive or mandatory (Poirier, Goguen & Leslie, 1988). They stated that seven provinces as of 1988, had mandatory legislation which required school boards to provide educational services to all children regardless of any special needs and no matter what the financial situation might be for the school jurisdiction. The three remaining provinces had permissive legislation which stated that school boards could provide educational services to exceptional students but they were not mandated to provide them. Bell stated that permissive legislation did not facilitate the delivery of related services to exceptional children (1984).

Ontario's Bill 82 (1980) amended the province's 1974 School Act. The new legislation guarantees appropriate special education programs and services to all exceptional children. Regulations govern the provision, setting up, organization and management of special education programs, services and special committees as well as identifying exceptional students and making and reviewing placement decisions (Elkin, 1982). Facilities and resources which include support personnel and equipment

which are needed for developing and implementing a special eduction program are identified in the Ontario legislation (Dickinson & MacKay, 1989, p. 220).

Alberta Legislation in Education. The Government of Alberta passed a new school act in July 1988. The previous School Act (1980) stated that a board could exclude any child temporarily from school if education needs were not being met (Section 143(2)). This absence was permitted until the board could arrange for alternate special education programs or services. A handicapped child had been out of school for a year in the case of Carriere v. County of Lamont (1978). The Court stated that the child could not continue to be temporarily excused and the school board was required to provide an education program for the child. The Court did not give further direction on details as to the type of program that should be provided but left this to the educators to determine (Poirier, Goguen, & Leslie, 1988).

Implementation of the School Act in Alberta occurs at the school jurisdiction level. Decisions made may affect the delivery of special education services because it is the administrators at school and jurisdiction levels who determine programs and services to be offered in their schools (Bloom, 1988). Thibert (1980) also stated that the administrator, more than the administration, is charged with the distribution of the resources in service delivery.

With the new School Act (1988), the Government of Alberta defines school board responsibilities in providing programs for all students including those with special needs. Alberta's Act defines a child requiring special education as one who has problems in the areas of behaviour, communication, intellectual, learning, physical characteristics or a combination of these areas (Section 29). This section states that the school board is initially responsible for the identification of its special needs students. The Act also establishes a process to look at specific cases in which a school board cannot provide a program for an

individual child - the Special Needs Tribunal, which could develop a plan for handling a child's needs and determine which services should be provided (Section 30).

According to Alberta Education's Special Education Manual, an exceptional child is a student whose needs and abilities differ from most students in the regular program (1987b, p. 4). It indicates that this student would not benefit from the regular program without special education strategies or services. This manual identifies several issues involving the provision of education and special services for the exceptional student. It states that determining student needs is important for proper placement and that the Individual Program Plan (IPP) should include any special support services needed, that integration experiences should be identified, and that the goal for special education in Alberta is to provide an appropriate education (1987b, p. 3 - 6). The degree of integration possible would depend on the availability of suitable programs and the child's skills and abilities to interact with these programs. Access to programs, buildings and services that would allow an exceptional student to benefit from an appropriate education program need to be considered in the development of the IPP.

Summary - Requirements for an Appropriate Education

In the literature reviewed, there were certain conditions in Canadian legislation regarding education for the exceptional child that were similar to those noted in the United States. The issue of access to an appropriate education is a key aspect in both countries. The United States identifies, through legislation, those "related services" considered necessary for an exceptional child to be able to benefit from a specially designed education plan. In Canada, Ontario's legislation also identifies facilities and resources which include support personnel and equipment needed for developing and implementing a special education program. Alberta's legislation specifies that a student is entitled to a

special education program if needed (Section 29), and in Section 30, the legislation further identifies an education program, the provision of required services, and finally, the apportioning of costs, obligations and review process.

Occupational Therapy - The Profession and Its Role in the Education System

Throughout its history, the focus of occupational therapy is on people's abilities to function in the community in which they live (Hopkins, 1988). In the United States, occupational therapy is defined as the use of purposeful activity to increase independence, prevent disability and maintain health (American Association of Occupational Therapists, 1981). The Canadian Association of Occupational Therapists states that the purpose of occupational therapy is to restore function, prevent disability, and to promote, maintain and restore health (Health and Welfare Canada & Canadian Association of Occupational Therapists [CAOT], 1986). The practice of occupational therapy encompasses evaluation, treatment and consultation with services provided individually, in groups, or through social systems (American Occupational Therapy Association [AOTA], 1981). Canada also identifies social systems as being health, educational and social services (Health and Welfare Canada & CAOT, 1986).

The historical record of occupational therapy services within the public school system in Canada is not extensively documented in the Canadian Journal of Occupational Therapy. Occupational therapists first worked with handicapped children in the 1920s in Toronto at a special school for handicapped children (Driver, 1968). A few articles were written for the Canadian Journal of Occupational Therapy during the 1960s and 1970s that present occupational therapy involvement with children in a variety of settings: special care schools, developmental classes in regular schools, developmental day care centres, institutional care

centres, regional hospital schools and paediatric hospitals (Beckett, 1981; Blacha & Fullerton, 1979; Gaylard, 1966; Spooner, 1974; Wolpert, 1974).

Beckett (1981) suggests that occupational therapy in schools has been slow to develop, partly due to the lack of federal legislation guiding educational involvement with exceptional students, and also due to the lack of a clearly defined role for occupational therapists in the school system (p.218). Bell and Burch (1977) suggest three factors that have contributed to the introduction of occupational therapists into the regular school system: 1) increasing numbers of students with physical, emotional or cognitive difficulties; 2) needs of regular and special educators for assistance with the various problems being experienced by students; and, 3) the trend towards community-based practice within occupational therapy (p. 61).

Since the 1940s in the United States, occupational therapists have provided evaluation and treatment to children with orthopaedic handicaps enroled in special educational settings (Royeen, 1986). Therapists began providing services to a broader scope of developmental problems in the 1960s (Gilfoyle & Hays, 1979; Kalish & Pressler, 1980).

Since these early times, services in Canada and the United States have continued to expand to cover a broader scope of developmental problems such as severe mental handicaps, learning disabilities, behaviourally and emotionally disturbed and children with severe sensory impairments (Kalish & Pressler, 1980; Kauffman, 1988).

The EHCA and Occupational Therapy

Developing multidisciplinary management and a variety of programs to serve exceptional children are two goals of the American Education for all Handicapped Children Act (EHCA). The EHCA defines occupational therapy as one of the "related services" to be used to meet the needs of exceptional students (Bloom, 1988; Gilfoyle & Farace, 1981). This has resulted in an

increase in personnel working in schools according to Gilfoyle and Hays (1979, p. 566). Bell and Burch also noted an increase in Canadian therapists working in community settings in 1977 and attribute this to regular classroom teachers who were seeking help from professionals because more handicapped children were being integrated into their classrooms (1977a, p. 61). As a result of the increasing involvement of occupational therapists in the school system, the types of services offered and the methods of delivering services are expanding and changing from services being provided in more traditional medical or health care settings (Dunn, 1988).

Occupational therapy services must have a relationship to the educational goals identified in each student's IEP according to the EHCA. Occupational therapy helps students participate in the least restrictive environment appropriate to their needs (Gilfoyle & Farace, 1981). The primary goal for occupational therapy is to enhance students' abilities to adapt to and function in the school setting, thereby supporting or facilitating student learning and helping students to benefit from their educational programs (Gilfoyle & Farace, 1981).

Educational Administration Concerns

Occupational therapists have background knowledge and education suitable to work with students in an educational setting. Like other school-based personnel, the education system's laws, policies, procedures, priorities and service delivery models are important issues for therapists. These issues are different from those covered under a medical model (Gilfoyle & Hays, 1979). Gilfoyle and Hays conducted a series of AOTA surveys looking at roles and functions of occupational therapists in school systems (1979). Their results show that school administrators indicated a need for therapists to have training in educational management and consultation processes. The administrators also indicate that therapists need to develop the ability to work with others in non-medical

environments and the ability to blend occupational therapy programs with educational programming. Gilfoyle and Hays identify the need for an integrated model for occupational therapy services in schools from these surveys (1979, p. 573).

Bloom (1988) found that administrators have limited understanding of the role of occupational therapy in the school setting. They do not know how an occupational therapist differs from a special educator. Occupational therapy's domains, skills, knowledge and training as they relate to working in the educational environment is not well understood. Although Bloom's subjects were university educators, her conclusion was that these administrators have an impact on the education of future school administrators and if the university educators are unclear about occupational therapy services, then school personnel may also have a decreased awareness of possible professional services for exceptional children.

Royeen and Marsh (1988) suggest therapy services may be threatened because administrators want to contain costs. They also indicate that an administrative lack of understanding of services could jeopardize the development of occupational therapy within schools. Bloom's study suggests that school administrators need to be knowledgeable to make informed decisions regarding the provision of services within their schools (1988). These studies (Bloom, 1988; Royeen & Marsh, 1988) support further research into administrative perceptions of occupational therapy service provision by school administrators.

Occupational Therapy Services in School Settings

Ottenbacher (1982) notes that professionals have different orientations related to their background training. The medical background for occupational therapists is basically a clinical neurological approach to child development whereas the teachers' focus is primarily a cognitive academic approach. Ottenbacher indicates that these differences can lead

to difficulties if the individuals rely on singular models of practice. He also suggests that occupational therapists need an understanding of the roles and functions of the various professionals on the education team, as well as the ability to communicate and participate effectively in a group. Beckett (1981) and Noie (1983) also note that planning between disciplines is crucial in the prevention of isolated and inefficiently delivered programs and services.

Kalish and Pressler (1980) suggest that therapists convey the nature of the child's difficulties through a functional framework which looks at the degree of disability as well as the quality and level of functioning through assessments covering many developmental areas. Other authors also discuss integrated programming by presenting different frameworks for practice. Ottenbacher (1982) suggests that special educators and therapists combine medical and task analysis models to develop programs. Mitchell and Lindsey (1979) recommend professional cooperation between occupational and physical therapists through an interdisciplinary approach, while a transdisciplinary approach for an educational team of professionals is discussed by McCormick and Lee (1979) and Ottenbacher (1983). Ottenbacher (1983) identifies differing theoretical frameworks and models of practice among the various professionals working in the educational system. He also suggests that professionals need to work together towards practical and theoretical integration of diverse practice models to provide comprehensive services to exceptional children (1983, p. 15). Ottenbacher identifies the educational training of professionals as an important place to begin developing an atmosphere of cooperation and understanding needed when working in transdisciplinary teams (1983, p. 15).

Hightower-Vandamm (1980, p. 308-309; 1985, p. 789) was concerned about the transdisciplinary approach to treatment in the school system. She suggested that the transdisciplinary approach <u>might</u> lead to teaching staff providing "occupational therapy" services, rather than teachers

consulting with registered occupational therapists (1985). Further study would clarify this concern, however the pertinence of Hightower-Vandamm's remarks to this paper relates to the accessibility and relevance of professional expertise to meet the needs of students and teachers.

As school administrators are concerned with the efficiency and effectiveness of service delivery, determining an efficient way to access occupational therapy services is an area that requires further study if the role of occupational therapy in the school system is to develop in a manner that is useful to teachers.

Service Models

This section deals with different models for providing services that are used by occupational therapists working in educational settings (Dunn, 1988, pp. 719 - 721). Dunn indicates that the American Occupational Therapy Association [AOTA] describes specific guidelines to be used for three models of service provision: direct service, monitoring and consultation:

1) Direct service is the use of specific techniques and approaches by the occupational therapist in one-to-one and group settings. Contact with students is on a regular basis (for example, once or twice a week) (AOTA, 1987). Therapists determine that direct interaction is best suited to meet the therapeutic needs of the child. Clinical judgements are used continually to adjust the treatment program.

2) Monitoring uses evaluation and program planning to determine a program that will be carried out by another person. Therapists use teaching and supervisory skills to convey and evaluate programs. Regular contact is less often than direct service and allows for evaluation to adjust programs and assure appropriate intervention is being provided.

3) Consultation uses specialized skills and knowledge to facilitate communication and program implementation. Case

consultation develops effective education environments to meet the needs of exceptional students. Colleague consultation is used to meet skill development and knowledge needs expressed by other professionals on the education team. The purpose of the consultation model is to support student learning and encourage generalization of skills to other environments.

Referral and Assessment

A referral system that is broad and flexible is suggested by Bell (1984). Bell indicates that therapists could enhance communication between school personnel and medical practitioners involved with handicapped children in the community because physician referrals are usually received by occupational therapists. Therapists are also able to accept and act on referrals from educators and other professionals in the education system (Bell, 1984; Langdon & Langdon, 1983).

Coutinho and Hunter (1988) suggest five questions addressing a decision-making process for using occupational therapy in schools: 1) when must occupational therapy be provided?, 2) how are needs for occupational therapy determined?, 3) how and where are occupational therapy services provided?, 4) what rights do parents retain, and how are disagreements over services resolved? and, 5) how has recent legislation affected services to infants and toddlers? The first three of Coutinho and Hunter's questions are applicable to the discussion of referral and assessment.

Concerning when occupational therapy should be provided, Coutinho and Hunter indicate that the responsibility for the provision of "related services" belongs to school administrators. Administrators could make occupational therapy available to meet the unique needs of disabled children. American occupational therapists have certain limitations in the numbers and kinds of children they can see due to their designation as a "related service". American therapists in the school system can serve only those children who are disabled and in need of special education when

the funding source is through special education (Coutinho & Hunter, 1988).

The needs of students are determined through referral and evaluation procedures according to Coutinho and Hunter (1988). In the United States, legislation delineates a process of initial multi-disciplinary evaluation which determines the need for occupational therapy services.

Coutinho and Hunter's third question on how and where occupational therapy services are to be provided looks at a number of areas. Administrative convenience, services or space being available, attitudes, as well as fiscal issues all impact upon decisions made about programs and services. The law deals with evaluation and treatment but it does not specify the actual referral process for accessing "related services".

Teachers are identified as the primary service providers in the educational system according to Litton, Veron, & Griffin (1982). One of the teachers' responsibilities is the coordination of educational programming. Another is requesting additional professional services to help in appropriate program development. Royeen and Marsh indicate that both the occupational therapy assessment and the referral accessing occupational therapy should be put in an educational context (1988). They also suggest that occupational therapists should identify and respond to teachers' needs in areas of therapist specialization.

Gilfoyle and Hays published Training: Occupational therapy educational management in schools (TOTEMS) in 1980 which provides occupational therapists with specialized competencies needed to practice within school settings. Their research reveals that the referral mechanism for occupational therapy in schools is primarily through the IEP. They suggest that the IEP may be a means for recognizing the need, value and significance of occupational therapy services (Gilfoyle & Hays, 1979).

The AOTA indicates that the occupational therapy assessment provides the basis for program planning as well as identification of children with special needs. Through program planning, independent functioning and

decreased effects of a handicap on the student's ability to benefit from the educational process may be achieved (AOTA, 1987). Inappropriate referrals due to a poor understanding of occupational therapy and a lack of set priorities unnecessarily strain limited resources (Coutinho & Hunter, 1988). These authors indicate that the use of an appropriate referral format for occupational therapy should provide the basis for effective service delivery.

According to Reed (1984), therapists must keep in mind that school settings view therapy as a secondary goal to education. Therefore, problems which may be appropriate for referral to occupational therapy in a medical setting may not be considered appropriate in the school setting. Langdon and Langdon (1983) also emphasize the importance of the educational relevance of specific deficiency indicators that may warrant a referral for occupational therapy services. They state that these indicators should be observable in the classroom or educational testing situation.

American occupational therapists have standards of practice for working in schools (AOTA, 1987). The first standard deals with referrals (AOTA, 1987, Appendix B). A referral is based on state licensing laws and educational regulations. Origination of referrals is through regular or special education settings. The standard also states that it is an occupational therapist's responsibility for informing educational personnel how to make appropriate referrals. Present referral criteria for school-based occupational therapy are stated in profession-specific terminology (AOTA, 1987).

Langdon and Langdon (1983) and Clark, Coley, and Schanzenbacher (1985) identify few referral instruments. Those noted were limited to particular populations, the reliability and validity had not been established, and they were based on American legislation and education system which is different from the situation in Canada. Magill-Evans and Madill (1990) from the Department of Occupational Therapy at the

University of Alberta, Edmonton indicate that a referral form specifically designed for Canadian school settings is needed and have undertaken a multi-stage project dealing with the delivery of occupational therapy services in schools (p. 134 & 139). Their primary concern is the accurate identification of students who would benefit from occupational therapy services, as inappropriate referrals and lack of established priorities strain already limited resources. Three studies have been designed to develop and test a referral instrument. The first study (Magill-Evans & Madill, 1990) generated a list of 66 items (observable behaviours), which did not use medical terminology, and were within the areas of dysfunction listed in the Standards of Practice for School-based Occupational Therapists (AOTA, 1987). These items had been identified through a pilot survey of Canadian paediatric and school-based occupational therapists. A further survey asked occupational therapists to rate each of the 66 items on a 4-point scale that reflected the extent to which each item indicated a need for occupational therapy in the school setting. The majority of occupational therapists indicated that all 66 items were valid indicators of the need for occupational therapy services.

Another study in Magill-Evans and Madill's project looked at: 1) the impact of each of the items upon student learning as reported by the classroom teacher, 2) a comparison of ratings between occupational therapists and teachers, and 3) which items would teachers consider consulting or referring to other personnel? (Tirrul-Jones, 1991). This paper is based on the third study in the project. It is to determine if school administrators view providing occupational therapy services for each of the items on the referral checklist as a responsibility of the education system.

Summary - Occupational Therapy

Coutinho and Hunter state that occupational therapists need to have an understanding of the laws that mandate the provision of special education and related services (1988, p. 706). They note a variety of skills required to successfully work in the school setting: assessing children's needs, functioning as a member of the multidisciplinary team, developing IEP goals and objectives, providing services and coordinating efforts with parents, teachers and administrators. Similar responsibilities also apply to Canadian occupational therapists working in school settings. To achieve effective utilization of resources in meeting educational and developmental needs of exceptional children, further exploration into the relationship between education and occupational therapy is needed.

Magill-Evans and Madill (1990) have undertaken a multi-stage project to develop a referral instrument for use by teachers and other school personnel to access occupational therapy services appropriately and efficiently. One of the three studies designed as part of this project was a study of school administrators' views on educational responsibility for providing services within the school setting.

CHAPTER III

METHOD AND PROCEDURES

This chapter describes the subjects and sample selection, the design of the instrument, and procedures used in the study.

This is a descriptive exploratory study with three major objectives: (1) determining school administrators' awareness of legal requirements about special education in Alberta; (2) determining factors that were viewed as facilitators or barriers in schools for accommodating exceptional students; and (3) determining if school administrators viewed certain referral behaviours related to problems that receive treatment services from occupational therapy, as a responsibility of the school system.

Selection of Subjects

The population chosen for this study was delimited to principals in Alberta schools. For this study it was assumed that the principals were the front-line administrators responsible for programming and budget allocations for their schools. It was also thought that principals receive input from teachers or other education personnel regarding children having problems in their school. Based on the literature reviewed, the principals are responsible for implementing school board policies for making referrals, obtaining additional information, consultation or other services as well as implementing other school board policies based on the government regulations.

Prior to the study, it was known that some school jurisdictions in the province had special schools providing programs and services to exceptional students. In order to ensure that some of these special schools were included in the study, two jurisdictions containing such schools were included in the sample. Nine other jurisdictions from across

the province were selected from the Alberta Schools Database (Montgomerie, 1988) on a stratified random sampling basis to include both rural and urban settings.

The superintendents of the eleven school jurisdictions selected for the study were sent letters requesting permission to contact the principals within their jurisdictions. In the letter, superintendents were given a two week period to respond in writing if they chose to; if not, then it would be assumed that they tacitly approved the study and principals in their jurisdictions would be contacted. Seven superintendents responded with letters of approval to contact principals in their jurisdictions. Two superintendents declined permission to have principals in their jurisdictions participate in the study. The remaining two superintendents did not respond in writing or by phone. The principals in the jurisdictions of the two superintendents who did not respond to the letter were included in the study.

The Database provided a complete listing of principals within a jurisdiction and from this list only the principals of elementary or combined elementary-junior high schools were selected for the study. There were no high school principals included in the study because occupational therapists are predominately involved in providing services to younger children. A sample of eighty-eight principals from nine rural and urban school jurisdictions across Alberta were asked to help in this investigation. Replacement principals (for any principals in this initial group who might not respond) were not identified due to the lateness in the school year for the study, and the time involved in contacting superintendents from other jurisdictions to obtain their permission to approach principals in their jurisdictions.

Design of the Research Instrument

The literature pertaining to educational concerns of integration, legal cases on appropriate education and the provision of required

professional services in schools, did not reveal any instruments used to obtain information on levels of awareness or opinions in these areas. Therefore an instrument was developed specifically for the purposes of this study which was based on the literature reviewed and the referral form developed by Magill-Evans and Madill (1990).

The questionnaire was to determine: information on the principals' experiences in administration and special education, the principals' attitudes towards special education programs and services; the use of professionals based within the school or school jurisdiction; the acceptance of an exceptional student into the principals' schools and the factors they used to make the decision; and the principals' opinions about educational responsibility on certain problem behaviours that would lead to a referral for occupational therapy services.

The questionnaire was designed with four sections: Section One consisted of three questions and required the respondents to check-off and write personal information about their experience as a principal and any special education training that they had completed. It also asked for written information on what programs and services for special education students were available within the principals' schools.

Section Two examined principals' perspectives on school and system related factors which might affect the provision of special services in schools. It contained thirty-five Likert-type statements. The respondents were asked to show on a scale of Strongly Agree to Strongly Disagree the extent of their agreement with each of the statements. The statements were designed to explore areas of principals' knowledge, opinions, and perceptions of school and system-related factors on issues surrounding special education programs and services. Scale scores for the 35 Likert-type statements were collapsed for interpretation into three groups. Strongly Agree and Agree were combined into one group, Uncertain was left as a separate group, and Disagree and Strongly Disagree were combined. As there were two groups of principals identified based on the

services/programs available at their schools, t-tests were performed on the data from Section Two to compare the two groups of principals' schools. Where significant differences between these two groups were found they are reported under the corresponding statement and research question.

Section Three examined the principals' perspectives on factors in accepting an exceptional child into their school. This section of the instrument was loosely based on a study that looked at barriers and facilitators to referrals by Christenson, Ysseldyke, and Algozzine (1982). The principals were given three vignettes depicting children with different problems. The respondents were asked to list any barriers or factors that would facilitate accepting the exceptional child into their school. The principals were also given the opportunity to comment on these factors. The children described in the vignettes were based on actual and hypothetical case studies developed from occupational therapy literature and personal experience of the researcher. The vignettes were reviewed by three paediatric occupational therapists with extensive experience in each of the areas of difficulty portrayed by the children in the vignettes. They confirmed the accuracy of the symptoms identified and provided their recommendations for occupational therapy follow-up and appropriate placement plans or alternatives.

Section Four contained a list of sixty-six items (observable behaviours) identified by Magill-Evans and Madill (1990), that pertained to one of five categories: Activities of Daily Living, Cognitive, Psychosocial, Sensory-Motor and Therapeutic Adaptation/Prevention. Magill-Evans and Magill propose that the presence of such behaviours indicates a referral to occupational therapy. This section of the questionnaire was to identify whether principals felt these behaviours should or should not be addressed by school-based occupational therapy services. The principals were asked to decide on educational responsibility for each behaviour at two levels: (1) is it a

jurisdictional responsibility to provide services in relation to the behaviour, (2) is it a school level responsibility? They were also to indicate whether their school could provide services in relation to each of the behaviours.

Principals were also given an opportunity to give a written response on differences between what is legislated and what is supported at the school level.

Pilot Study

The questionnaire was piloted with three practising principals. These principals were asked to complete the questionnaire and provide information on improvements and changes which would enhance the presentation, quality, readability or clarity of the instrument.

Minor changes were made to the questionnaire in all sections. Of particular concern was the medically related terminology used in the vignette section, even though the initial design had attempted to eliminate medical terminology. The three principals indicated some confusion with the medical terminology and the implications for education.

The Study

A cover letter and the questionnaire in its final form was sent to each elementary or elementary-junior high school principal in the sample. The principals were given a three week period to respond to the questionnaire, after which a follow-up letter and a second copy of the instrument was sent.

Once the questionnaires were returned, the principals were divided into two groups based on the services they indicated were available within their schools. One group was comprised of principals whose schools had more or highly specialized services and programs available. The second group of principals were those whose schools had few or no specialized services and programs available. The less specialized services were

considered to be teacher aides, pull-out programming or resource teachers because specialized training is not necessary to do these jobs or programs. This decision does not imply that the "less specialized" services are less valuable or less effective in meeting the needs of their students.

Response Rate

Eighty-eight questionnaires were sent out in May 1989. A total of sixty-one questionnaires were returned. One principal declined to participate because she was in an acting capacity and did not feel qualified to answer the questionnaire. A total of sixty questionnaires were considered in the data analysis. The returned questionnaires represent a 68% response rate.

The results and interpretations of the data collected are discussed in detail in the following chapter.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF THE DATA

This chapter presents an analysis of the data collected in the three areas of interest in the descriptive study: (1) principals' awareness of the legal requirements regarding special education services in Alberta; (2) factors that principals consider as barriers and facilitators for accommodating children with special needs in their schools or school jurisdictions; and, (3) educational responsibility for behaviours suggesting referral for occupational therapy services. A copy of the questionnaire is included as Appendix A.

Some analyses of the data were done to provide additional information about the choices made between the two groups of principals.

Principal and School Variables

Section One of the questionnaire requested information on the principals' experience in that position and their training in special education.

Years of Experience as a Principal

The range of responses was from less than 1 year to 29 years, with one principal leaving the question blank. Based on these 59 responses, the average number of years as a principal was 9.8 years. Table 1 presents the breakdown of these responses.

Table 1

Years of Experience as a Principal

<1 to 5 years	6 to 15 years	Over 15 years
22	29	8

Training in Special Education

The principals' training in special education was examined. Table 2 shows the distribution of the principals according to their special education training. These results indicate that less than one-half of the principals had any specific training in special education.

Table 2

Special Education Training of Principals

Principal Groups	Inservices	University	Both	None	Total
With Specialized Services/Programs	9	2	3	7	21
Few/No Specialized Services/Programs	12	6	4	17	39
Total Number of Principals	21	8	7	24	60

Programs and Services within the Schools

The principals were divided into two groups when the questionnaires were returned: 21 principals of schools with more or highly specialized services or programs available, and 39 principals of schools with some or no specialized services or programs available. Appendix E lists the different kinds of services and programs identified by the principals in this study.

Of the 60 schools in this study, 54 had some form of programming or services available for exceptional children, which included enrichment or

gifted programs. The types of programs or services were varied, ranging from individual pull-out programs to full multidisciplinary services. Similar programs were grouped based on similarities between services or programs, the population of exceptional children involved with any program or service and the severity of problems met with a particular population. The resulting classifications are presented in Table 3.

Table 3

Coding for Special Education Programs/Services Available in the Principals' Schools

Classification Code	Program Classifications
0	no programs or services
1	resource rooms
2	educable mentally handicapped classes, opportunity classes, and adaptation classes
3	trainable mentally handicapped classes, and dependent handicapped classes
4	learning disabilities
5	gifted and enrichment programs and classes
6	personnel (for example, aides, speech language pathologists), pull-out programming, and other services

A maximum of three classification codes were assigned for each school. Every school received at least one classification code while some received two or three codes to identify any other special programs or services identified in the schools. Table 4 presents the numbers of programs and services identified within the schools in the study. One principal did not respond to the question. This was interpreted to mean that there were no specialized programs or services available at that school.

Table 4

Numbers of Programs/Services Available in the Principals' Schools

Types of Services/Programs Available	Frequency in Schools	
	With Specialized Services/Programs n = 21	Few/No Specialized Services/Programs n = 39
resource rooms	12	15
educationally mentally handicapped/opportunity, or adaptation classrooms	12	3
trainable mentally handicapped/dependent handicapped classrooms	10	0
learning disabilities classrooms	8	11
gifted/enrichment programs	6	8
specialized personnel, other staffing or program options	21	18
Totals[1] =	69	55

[1] - Total services/programs available are more that the number of schools in each group as schools could offer more than one service/program.

The most common services/programs available in the schools were the use of special personnel and other programs including teacher aides, resource teachers, pull-out programs, and speech-language pathologists. Results showed that 6 schools had no program or service options available while 18 schools had only one program or service option available. The distribution of programs among the 60 schools are presented in Table 5.

Table 5

Number of Schools Per Number of Specialized Services/Programs Available

	Total n=60	With Specialized Services/Programs n=21	Few/No Specialized Services/Programs n=39
No Services/Programs	6	0	6
1 Service/Program	18	1	17
2 Services/Programs	17	6	11
3 Services/Programs	19	14	5

Summary of Principal and School Variables

The respondents in this study were principals with an average of 9.8 years of experience in that position. Of the 60 schools in this study, 54 had some programs and services for students with special needs. Of the 60 schools, 21 were classified as having specialized or comprehensive programs or service options. The remaining 39 schools were classified as having less specialized programs or services and six of these had no special programs or services.

School and System Related Factors

The remainder of this chapter will present the data collected in association with the research questions. One principal from the group whose schools had few/no specialized services/programs, did not complete Section Two of the questionnaire. Therefore, this respondent was removed from the analysis, leaving a total of 59 responses. Ten questions were left blank in Section Two (#1, 10, 15, 17, 18, 20, 22, 24, 31, & 34), therefore the total number of responses analyzed for these statements was 58. For one statement (#33), 57 responses were analyzed.

Where significant differences were found between the two groups of principals, these are reported in the discussion of the appropriate research question.

The school and system-related factors identified in Section Three of the questionnaire were grouped according to those that facilitate or those that provide barriers to placement opportunities. The results of this section are presented in the discussion for Research Question #5.

Research Question 1

Are principals aware of Alberta's legislation about the provision of special services for exceptional children?

Three statements from Section Two on the questionnaire involved the provincial legislation and regulations from Alberta Education. The results are presented in Table 6.

Table 6

Principals' Awareness of Alberta's Legislation about the Provision of Special Services/Programs for Exceptional Children

Statement	Agree	Disagree	Uncertain
1. Alberta Education requires the identification of exceptional students. (n = 58)	48	7	3
31. School boards in Alberta may, but need not, provide education for handicapped children. (n = 58)	13	40	5
16. This school jurisdiction has a policy that requires schools to identify exceptional students. (n = 59)	54	3	2

Identification of an Exceptional Child

Section 29 of the Alberta School Act (1988) specifies that a school board will determine that a child is in need of a special education program (1988). An Alberta Education document provides further guidelines which indicate that each school jurisdiction is to develop local policies including plans for identification of special needs students (1987b, p. 17). Most of the principals agreed with the statement that "Alberta

Education requires the identification of exceptional students." This suggests that most principals are aware of the legislation or aware at least of the regulations and guidelines developed from Alberta Education (1987b) in the area of identification.

A t-test was used to see if there was a significant difference between the two groups of principals with regard to the statement. The results, presented in Table 7, indicate that the principals of schools with highly specialized services/programs agreed more strongly ($p = .003$) than did principals of schools with few or no specialized services/ programs. The results do not suggest that this second group of principals are incorrect in their awareness, only that there were more principals from the group whose schools had specialized services/programs who agreed with the statement. These results do not fully support the hypothesis that principals with more specialized services and programs would be more familiar with legislation in this area.

Table 7

Differences Between Groups of Principals - Alberta Education requires the Identification of Exceptional Students

Principal Groups	Mean	SD	p
Schools with Specialized Services/Programs	4.55	.510	.003
Schools with Few or No Specialized Services/Programs	3.87	1.143	

Provision of Education for Handicapped Students

Less than one-half of the principals agreed with the statement that "school boards in Alberta may, but need not, provide education for handicapped children" which suggests that some of the principals are aware of or agree with an educational responsibility in providing programs or services for exceptional children. The results may also indicate that

some principals do not think that schools need to provide a program for a handicapped student, or possibly, that they are unaware of the requirements identified in the Alberta School Act (1988). Sections of the Act (1988) state that each school district will provide each resident student with an educational program, and that there will be access to a special education program for any student determined to have special needs. Furthermore, a specific reference in Section 30 of the Act indicates that the education program should be appropriate to the needs of the student. The results do not clearly indicate that the principals recognize or agree that the provision of an appropriate education program for a special needs student is a requirement of Alberta Education.

Policy for Identification

The third statement in the research question dealt with district policies and procedures which are developed from the legislation and regulations prepared at the provincial government level (Alberta Education, 1987b, p. 17). Most of the principals agreed with the statement that "this school jurisdiction has a policy that requires schools to identify exceptional students.", suggesting either that a few school jurisdictions may not have a policy in place, or that the principals were not aware of any policy. It is also not clear from these results whether or not some of the principals who indicated that their jurisdiction had an identification policy, might have made an assumption that a policy existed when, in fact, one did not.

Summary: Research Question #1 - Awareness of Alberta Legislation

This research question showed a significant difference between the two groups of principals in terms of awareness of the legal requirements contained within the Alberta School Act (1988). At the jurisdiction level of policy development, a majority of the principals indicated that there

were policies for identification and referral of exceptional children. However, it was not clear how accurate the principals' responses were regarding the existence of jurisdiction policies for identification of exceptional children.

Research Question 2

What do the principals indicate education's role is in meeting the needs of children requiring special services?

Eight statements from Section Two on the questionnaire involved three issues relating to this research question: roles of teachers, roles of school and central office, and the provision of services within the school system. Table 8 presents the results of the eight statements.

Table 8

What do the principals indicate Education's Role is in meeting the needs of Children who require Specialized Services/Programs

Statement	Agree	Disagree	Uncertain
Roles of Teachers			
3. The classroom teacher is responsible for referring children who may have special needs for special services. (n = 59)	56	1	2
24. Teachers are obligated to provide individualized educational programs if they have exceptional children in their classes. (n = 57)	40	14	3
Roles of School & Central Office			
14. The final acceptance decision for placement of an exceptional child should rest with the principal. (n = 59)	33	17	9
32. Placement decisions should be made by central office personnel, properly trained in areas of special education. (n = 59)	26	20	13

Table 8 (continued)

What do the principals indicate education's role is in meeting the needs of children requiring special education.

Statement	Agree	Disagree	Uncertain
Provision of Services			
7. If a child is not considered appropriate for attending this school, an appropriate and satisfactory placement can be found within this school jurisdiction. (n = 59)	39	13	7
11. Parents who identify concerns about their child and his/her educational program, can receive the appropriate assessment services from the resources available within this school/school system. (n = 59)	53	4	2
13. Accessibility to buildings, transportation, qualified personnel, and financial resources are the most vital issues in meeting the educational needs of exceptional children. (n = 59)	44	10	5
23. Special services for exceptional children do not need to be accessible within the school system. (n = 59)	5	52	2

Roles of the Teachers

Most of the principals in the study indicated agreement with the statement that "the classroom teacher is responsible for referring children who may have special needs for special services." Roles of teachers in meeting the needs of exceptional children could be considered as system-related in that the jurisdictions might have specified job expectations for teachers. These expectations would be based on regulations and guidelines from Alberta Education and jurisdiction policies. Regarding the identification, referral and assessment requirements, Alberta Education (1987b) provides guidelines which indicate

that: 1) every student entering school should be screened for vision, hearing and achievement abnormalities; and, 2) a formal procedure should be developed for making a referral for assessment services (p. 17). Although Alberta Education does not specify who should make referrals, it does indicate that teachers or other professional staff are responsible for the initial identification of some handicapping condition(s) (1987a, p. 10). Alberta Education also states that a child's teacher could likely be the first person to realize that there is a problem or that parents recognize problems and must draw the attention of the school to these concerns (1987a, p. 11 & 13). The results regarding this statement on teachers' responsibilities for making referrals are in line with Alberta Education guidelines which indicate that referrals would be made primarily at the school level.

The results from the principals in the study showed some difference in the level of agreement with the statement that "teachers are obligated to provide individualized educational programs if they have exceptional children in their classes." One principal stated that developing an IEP would be difficult if the teacher was already dealing with a split-grade situation. This concern appears to relate to expectations of teachers regarding suitable workloads. Some principals may have based their responses on a belief that teachers and other team members develop the IEP, or perhaps, that the IEP is not a requirement in all cases where a child requires a special education program.

A t-test between the two groups of principals regarding this statement was significant ($p = .040$). These results are presented in Table 9. The principals whose schools had more specialized services/programs agreed more frequently with the statement of teacher obligations than the principals whose school had few or no specialized services/programs. Because of the comprehensive nature of the services available at their schools, the first group of principals may face the requirements of providing IEPs for their students more often than the

second group of principals. Alberta Education also specifies that an individual education plan will be designed for a student requiring special education or related services (1987b, p. 22). Parents are to be included in the discussion, development and implementation of an IEP. The guidelines from Alberta Education state that an IEP will be made but do not indicate who is primarily responsible for its development (1987b, p. 20).

Table 9

Teachers are obligated to provide individualized educational programs for exceptional children in their classes.

Principal Groups	Mean	SD	p
Schools with Specialized Services/Programs	3.90	.788	.040
Schools with Few/No Specialized Services/Programs	3.29	1.160	

Role of School and Central Office

The role of school and central office personnel are system-related and are stated through the policies and procedures of the jurisdiction. Slightly more than one-half of the principals in the study agreed with the statement that "the final acceptance decision for placement of an exceptional child should rest with the principal." Less than one-half of the principals agreed with the statement that "placement decisions should be made by central office personnel, properly trained in areas of special education." One principal indicated that they did not have any input into a placement decision because this was the role of the central office administration in that jurisdiction. Other principals may have disagreed with the statement because there was no opportunity to refuse a child in their school if directed by the jurisdiction to take the child. Some principals may also have disagreed because more educational team input

went into placement decisions or because the decision rested with another identified educational staff member.

Alberta Education Guidelines describe the Cascade Model of Service Delivery for schools and jurisdictions to consider in planning for the student's individual education plan. This model provides a number of administrative plans in special education, ranging from full integration in regular classroom settings to full segregation of instruction at home or in hospital (1987b, p. 5). This document indicates that the degree of integration is a function of both the availability of suitable programs and the student's ability to participate in those programs (1987b, p. 6). The document does not indicate at what level the placement decisions rest other than to state that there are some placements that could be: 1) developed within a school using resources, materials, and special services that can be accessed; and 2) developed by the jurisdiction, centralizing highly specialized services, classes, or schools (1987b, p.17).

The results regarding the principal's role in placement decisions suggest some mixed opinions from the principals in the study. One reason may be a need for knowledge and awareness of the needs of exceptional children in making placement decisions. Another reason may be that some principals, as their schools' administrators, indicated that decisions of this nature are an administrative responsibility. Some principals may also have indicated that decisions regarding placement are not within their area of responsibility and they should be, or are made at the central office level.

Provision of Services

Four statements in the questionnaire related to the provision of services within the school system. They covered assessment, placement, personnel, and accessibility. More than one-half of the principals agreed with the statement that an appropriate placement for an exceptional child could be found in their jurisdiction. Most principals also indicated that assessment services were available within their school or jurisdiction.

These results contradict concerns expressed by some principals regarding the unavailability of specialized services/programs in their schools. This finding will be discussed further under Research Question #5.

The principals who disagreed with the statement that "parents who identify concerns about their child and his/her educational program, can receive the appropriate assessment services from the resources available within this school/school system," may have disagreed because of opinions held regarding parents as a referral source rather than an unavailability of assessment services within the jurisdiction. It could also be that some jurisdictions do not have assessment services available to them. Some principals indicated that there could be a long waiting period to access limited services. Another principal indicated that their jurisdiction had a contract with a private consulting service for assessment and programming.

A t-test was used to see if there was a significant difference between the means of the two groups of principals with regard to the statement regarding availability of assessment resources. These results are presented in Table 10. Both groups of principals were above the midpoint of the scale, which indicates that both groups generally agreed with this statement. The results showed however, that the principals of schools with specialized services/programs agreed more with the statement on assessment availability than the principals of those schools with few or no specialized services/programs ($p = .009$).

Table 10

Parents who identify concerns about their child and his/her educational program, can receive the appropriate assessment services from the resources available within this school or school system.

Principal Groups	Mean	SD	p
Schools with Specialized Services/Programs	4.43	.598	.009
Schools with Few/No Specialized Services/Programs	3.87	.844	

The results from the study showed that most of the principals agreed with the statement that "accessibility to buildings, transportation, qualified personnel, and financial resources are the most vital issues in meeting the educational needs of exceptional children." The literature reviewed for this study identified several areas of concern that were relevant to the provision of an appropriate education for exceptional children. Legislation in the United States dealt with these concerns under the "related services section," which identified accessibility, transportation and specially trained personnel as important considerations in program planning. Poirier, Goguen and Leslie also identified accessibility, transportation, personnel and funding as important issues in meeting the needs of exceptional children (1988, p. 8). The results for the statement on provision of services coincide with the information found in the literature. These results suggest that some principals would agree with a range of needs that have to be addressed when developing and implementing an appropriate educational program for a special needs student.

Most of the principals in this study disagreed with the statement that "special services for exceptional children do not need to be accessible within the school system." These results suggest that some principals would agree with Poirier, Goguen, and Leslie's concerns who stated that by not meeting the needs of an exceptional child, the child is

at risk of failure to achieve an adequate education (1988, p. 8). The provision of services to meet these needs would assist in accomplishing an adequate education according to these authors.

Summary: Research Question #2 - Education's Role in Meeting the Needs of Exceptional Children

The results of the eight statements suggest principals support the provision of special services for exceptional children within the school setting. Teachers were seen as important in the early recognition and identification of children with special needs. There were two statements with significant differences between the two groups of principals involving assessment services and individual education plan development. The principals whose schools had more specialized services/programs agreed more with the statements in the questionnaire regarding the availability of assessment services in the jurisdiction, and the role of the teacher in the development of an IEP.

Research Question 3

What are the principals' attitudes about the usefulness and application of assessment and intervention strategies suggested by professionals to the teachers of exceptional children?

Five statements from Section Two on the questionnaire covered the usefulness of referral forms and assessment results. The results from the questionnaire are presented in Table 11.

Table 11

Principals' attitudes about the usefulness and application of assessment and intervention strategies suggested by professionals to the teachers of exceptional children.

Statement	Agree	Disagree	Uncertain
9. Regular classroom performance is enhanced when students receive the special services they require from trained professionals. (n = 59)	54	1	4
12. I think comprehensive services can be provided to exceptional children through communication and interaction between professionals and teachers who work with those children. (n = 59)	50	3	6
22. Teachers find specifically designed referral form(s) useful for clarifying their concerns about a student's needs. (n = 58)	46	4	8
27. Information from special assessments done on students often does not provide teachers with useful information to apply in practice. (n = 59)	31	19	9
34. Teachers find specific direction from specialists on management/ application techniques more useful than receiving and interpreting written suggestions/input from assessments. (n = 58)	51	1	6

Most of the principals in the study agreed with the statement that "regular classroom performance is enhanced when students receive the special services they require from trained professionals." The American legislation regarding handicapped students states that related services must be provided for the student to assist a handicapped child to benefit from the IEP (Gearheart, 1980; Green, 1982; & Osborne, 1988). Some of these related services are to enhance the educational progress (for example, special personnel).

Most of the principals also agreed with the statement that

"...comprehensive services can be provided to exceptional children through communication and interaction between professionals and teachers who work with those children." Winzer, Rogow and David (1987) stated that interactions between appropriate individuals were needed to provide a full range of services and programs. They also stated that knowledge and skills need to be shared between professionals. Poirier, Goguen and Leslie (1988) also identified the need for communication and interaction among individuals concerned with program development and implementation.

Most of the principals in the study agreed with the statement that "teachers find specifically designed referral form(s) useful for clarifying their concerns about a student's needs." These results suggest that specific forms could be efficient tools for teachers or other educators to use in the identification and referral process of exceptional students.

Agreement from one-half of the principals in this study was noted for the statement that "information from special assessments done on students often does not provide teachers with useful information to apply in practice." More principals agreed with the statement that "teachers find specific direction from specialists on management/application techniques more useful than receiving and interpreting written suggestions or input from assessments." One of the principals stated that neither approach was useful and recommended a collaborative approach between specialists and teachers. This principal's comment coincides with some of the literature reviewed for this study which focused on communication, interaction, and collaboration between educators and professionals to achieve an appropriate education program for exceptional children (Meisel, 1986; Poirier, Goguen, & Leslie, 1988).

Summary: Research Question #3 - Usefulness and Application of Assessment and Intervention Strategies

The results from the principals on the five statements related to this research question indicated agreement with referral, assessment, and intervention services from specialists. However, there were a number of Uncertain responses from some principals regarding the usefulness of specifically designed referral forms (8 principals), and the practical application of useful information from assessments (9 principals). These responses may indicate concerns in these two areas that should be considered by occupational therapy in the development of its role and services to be provided in the school system. The results also agreed with a collaborative and interactive approach to sharing information and implementing program plans for exceptional children. There were no significant differences between the two groups of principals on any of the 5 statements.

Research Question 4

To what extent do the principals indicate that comprehensive services for exceptional students should be made available within the school? Should services be available within the school jurisdiction? To what extent do the principals indicate schools should access services from other sources?

Nine statements from Section Two of the questionnaire related to service delivery for this research question. The results of these statements are presented in Table 12.

Table 12

To what extent should comprehensive services for exceptional students be made available within the school system, jurisdiction, or other sources?

Statement	Agree	Disagree	Uncertain
School's Role in Service Provision			
2. School is the most appropriate setting for providing integrated remedial programming and educational services to improve the overall growth and development of the exceptional child as a member of society. (n = 59)	51	6	2
4. Schools should have resources and procedures at the individual school level to ensure that the exceptional child can benefit from their educational program. (n = 59)	53	4	2
Jurisdiction Responsibility in Service Provision			
10. It is especially important to have special services readily available within the school system to help students and teachers gain the most from the educational setting. (n = 58)	56	1	1
26. Schools should be able to access resources from the school system in order to assist exceptional children to benefit from their educational program. (n = 59)	58	1	0

Table 12 (continued)

To what extent should comprehensive services for exceptional students be made available within the school system, jurisdiction, or other sources?

Statement	Agree	Disagree	Uncertain
Other Sources for Service Provision			
15. Support and assistance for dealing with exceptional children should be available to the education system from other sources. (n = 58)	57	1	0
19. Special assessment and remedial services should be readily available or schools to access within the community. (n = 59)	54	1	4
Links Between Education System and the Community			
6. I am familiar with the resources that are accessible within the community to assist in meeting any assessment or remedial needs for a child in this school. (n = 59)	57	2	0
28. Developing interagency policies and procedures for delivery of services for children in schools is a valuable area for school systems to explore. (n = 59)	51	1	7
29. Children with special needs that could affect their educational performance are at high risk for failure if there is inadequate continuity of services between the agencies. (n = 59)	50	5	4

School's Role in Service Provision

Two statements dealt with service provision as a function of the individual school. Most of the principals in the study agreed with the statement that "school is the most appropriate setting for providing integrated remedial programming and educational services to improve the overall growth an development of the exceptional child as a member of society." As well, most principals agreed with the statement that

"schools should have resources and procedures at the individual school level to ensure that the exceptional child can benefit from their educational program." These results, based on the findings, also support the suggestions made for earlier research questions regarding comprehensive services implemented through or in the school setting by teachers and professionals.

Jurisdiction Responsibility in Service Provision

Two statements were made regarding service provision as a responsibility at the jurisdictional level. Results indicated that most of the principals agreed with the statement that "it is especially important to have special services readily available within the school system to help students and teachers gain the most from the educational setting." Most principals also agreed with the statement that "schools should be able to access resources from the school system in order to assist exceptional children to benefit from their educational program." These results suggest that, if there was a lack of resources at the school level, there may be an expectation for the jurisdiction to explore other placements and services, or to provide funding resources for that school to meet the needs of the exceptional student.

Other Sources for Service Provision

Two statements were made regarding other sources or the community as the basis of service provision. Most of the principals in the study agreed with the statement that "support and assistance for dealing with exceptional children should be available to the educational system from other sources." Most of the principals also agreed with the statement that "special assessments and remedial services should be readily available for schools to access within the community." Some of the principals may have considered these sources to be other government departments; such as health care or social services, or other facilities; such as hospitals, clinics, or private practice practitioners.

There was some uncertainty indicated by a small number of principals

regarding assessment and remediation services being available within the community. The wording of this statement may have influenced this uncertainty for some principals, as it stated services should be available, which might have had a strong implication for some of the principals. It was not indicated in the statement whose responsibility it was to develop or fund community services and this may have contributed to some of the uncertainty noted as well.

Links Between Education System and the Community

Finally, three statements were made regarding the links between the education system and the community for the provision of services for exceptional children. Most of the principals in this study agreed with the statement that the principal was "familiar with the resources that are accessible within the community to assist in meeting any assessment or remedial needs for a child in this school." The results on this statement, along with those from two statements from Research Question #2 (#11 & #7 - regarding the availability of assessment services and appropriate placements), suggest that most of the principals are aware of and have access to assessment services outside of their schools that would be of benefit in meeting the needs of their special needs students. However, appropriate placements for exceptional students did not appear to be as accessible for the principals within the community or school jurisdiction.

Most of the principals agreed with the statement that "developing interagency policies and procedures for delivery of services for children in schools is a valuable area for school systems to explore." One principal stated that other agencies, not just education, should explore this as well. Most of the principals also agreed with the statement that "children with special needs that could affect their educational performance are at risk for failure if there is inadequate continuity of services between the agencies." Based on these results, the development of interagency policies and procedures for delivery of services is

considered important to successful interactions and the provision of appropriate services.

Summary: Research Question #4 - To what extent should comprehensive services for exceptional students be made available within the school?

The nine statements relating to this research question dealt with the level of service provision. There was agreement from most of the principals that services should be looked at from all levels, which included the individual school, jurisdiction and community agencies. The principals in this study also indicated that they had knowledge of what was available within their community to meet assessment and remediation needs.

Research Question 5

Do principals indicate that jurisdiction procedures and policies are adequate in dealing with educational needs of exceptional children? What factors are indicated that hinder or facilitate the educational system in providing programs or services for exceptional children?

One statement from Section Two and all of Section Three of the questionnaire related to this research question.

Section Three presented three vignettes for which the principals indicated jurisdictional responsibility and individual school capability for accepting the exceptional child into their school. These results are presented in Tables 13 - 16.

Most of the principals in this study agreed with the statement that "the provision of extra educational resources requires more funding provisions than regular programming and should be allocated separately from Alberta Education." It is not clear from these results how the principals interpreted "separate funding".

According to Alberta Education (1987b, p. 13), the grant structure

in Alberta prior to 1984 was based on identified students. These funds were allocated separately by the government from the regular educational program funds. In 1984, the funding for special education programs in Alberta was revised. In the revised granting structure, specific grants for identified students, programs and services were consolidated according to a formula fund based upon a flat rate per resident student. The special education grants were no longer designated for specific students, but were to be used to provide special education programs and services in the jurisdiction. Funds for gifted programming were designated separately from the special education and regular education program funds. If the principals who agreed with the statement on funding allocation interpreted separate funding to be similar to the pre-1984 granting structure, then the results could suggest some support for an alternate to the present flat rate formula fund. In the open-ended question, comments on funding needs were made by seventeen principals (see Appendix M).

Jurisdictional Responsibility and Individual School Capability

One principal from the group whose schools had few or no specialized services/programs, did not respond to the vignettes in Section III. Therefore, the total number of principals for that group was 38, and the total number of principals (for both groups of principals) for the purposes of this discussion was 59. The vignettes are described fully in Appendix A (pages 5 - 7 of the Questionnaire).

Darren was an eleven year old boy with severe behaviour problems and subsequent academic difficulties. Emma was a five year old girl with severe spina bifida who was beginning school. Her medical condition was managed well but she required assistance with her extensive self-care routines. The final vignette described an eight year old boy (Max), who had learning difficulties.

Principals indicated whether or not their schools could accommodate a specific special needs student. They were also asked to identify any further information they might require when making an acceptance decision.

The numbers of principals who indicated that they were able or to accommodate the children in the vignettes are presented in Table 13. This table also indicates the numbers of principals requiring additional information. The data were also separated into the two groups of principals to determine the distribution of results between the two groups. This information is presented in Table 14.

Table 13

Jurisdictional Responsibility and Individual School Capability to Accept an Exceptional child - Total Group

	Total	Yes	No	Additional Information
Darren				
Jurisdiction responsible for placement of student	59	54	4	1
School can accommodate student	59	34	20	5
Emma				
Jurisdiction responsible for placement of student	59	53	3	2
School can accommodate student	59	34	21	2
Max				
Jurisdiction responsible for placement of student	59	59	0	0
School can accommodate student	59	49	7	3

Table 14

Jurisdictional Responsibility and Individual School Capability to Accept an Exceptional Child - Separate Groups

	Total	Yes	No	Additional Information
Darren				
Jurisdiction Responsible for Placement				
Schools with Specialized Services/Programs	21	19	2	0
Schools with Few/No Specialized Services/Programs	38	35	2	1
School Can Accommodate				
Schools with Specialized Services/Programs	21	14	5	2
Schools with Few/No Specialized Services/Programs	38	20	15	3
Emma				
Jurisdiction Responsible for Placement				
Schools with Specialized Services/Programs	21	18	2	1
Schools with Few/No Specialized Services/Programs	38	35	1	1
School Can Accommodate				
Schools with Specialized Services/Programs	21	15	5	1
Schools with Few/No Specialized Services/Programs	38	19	16	1

Table 14 (continued)

Jurisdiction Responsibility and Individual School Capability to Accept an Exceptional Child - Separate Groups

Max	Total	Yes	No	Additional Information
Jurisdiction Responsible for Placement				
Schools with Specialized Services/Programs	21	21	0	0
Schools with Few/No Specialized Services/Programs	38	38	0	0
School Can Accommodate				
Schools with Specialized Services/Programs	21	17	3	1
Schools with Few/No Specialized Services/Programs	38	32	4	2

The vignettes were also used to identify factors that principals indicated were facilitating or were barriers to acceptance of an exceptional child into their school. Most of the principals provided comments regarding their schools' abilities to accommodate the children described in the vignettes. These comments have been combined in Appendix G: Facilitating Factors, and in Appendix H: Factors Considered to be Barriers to Accepting a Special Needs Student.

Facilitating Factors Identified in the Vignettes

Some principals indicated that they had teacher aides available or could access them, and some had specific programming or classes within their schools. Several statements were made that indicated that other schools in the county or district had appropriate programs that would handle the student and therefore these principals would probably not have the student in their schools. Another group of responses covered professional staff which indicated that the school had them or could access them. These included special education teachers, counsellors,

therapy staff, psychologists and paraprofessionals. The term paraprofessional was used by two principals but they did not indicate the discipline they were referring to. The final group of comments related to equipment, facilities and other options such as community services being available. These comments were grouped according to their similarities and are presented in Table 15 showing the numbers of responses for each of these groups of comments.

Table 15

Numbers of Comments made for each group of comments that related to Facilitating Factors

	Darren	Emma	Max	Total Comments
Aide Services	8	26	11	45
Programs/Classes	11	1	18	30
Professionals & Special Education Staff	15	4	6	25
Equipment, Facilities & Alternatives	3	5	1	9
Number of Principals who commented (n = 59)	31	34	30	

Barriers Identified by the Principals

A number of principals provided comments on each vignette that were considered to be barriers for the principals in accepting the student into their schools (Appendix H). There were five groups of responses identified by the principals: 1) staffing issues (for example, not trained, not available, not specialized); 2) lack of appropriate programming and classes within the schools as well as program availability elsewhere in the jurisdiction; 3) unavailability or inaccessibility of professional staff which included special education teachers, counsellors

and other professionals that provide assessment services; and (4) equipment and facilities. The final group of comments related to concerns stated by the principals that did not fit into the other four groups and were unique to each vignette. This information is presented in Table 16 showing the numbers of responses made for each group of comments.

Table 16

Numbers of Comments made for each group of comments that related to Barriers to Accepting the Child

	Darren	Emma	Max	Total Comments
Staffing Issues	3	4	0	7
Programs/Classes:				
- not available in that school	5	0	3	5
- available elsewhere in the jurisdiction	11	8	2	21
Professional & Special Education Staff	7	0	4	11
Equipment & Facilities	0	11	1	12
Other Concerns	9	4	1	14
Number of Principals who commented (n = 59)	34	24	11	

The responses that were unique for each vignette were looked at further. There were nine responses that were unique to the first vignette regarding the student with severe behaviour problems. Six of these related to the health, safety and learning of other students as a result of the behaviour problems of the child described in the vignette. One comment related to the responsibility of the parents and another questioned special aid from the government. The final comment indicated that the child did not belong in the regular school situation.

For the second student with substantial physical and medical concerns, four comments were made that did not fit into the other groups.

One principal stated there were too many medical concerns and another principal stated the problem was too severe. The other two comments were not unique to the child in the vignette, but were related to the schools' situation (religion and lack of an Early Childhood Program).

In the last vignette on the student with learning difficulties, there was one concern that was not unique to the child but related to the school situation (religion of the child). This comment was not considered as a major barrier to acceptance of an exceptional child into a school.

Summary: Research Question #5 - Factors considered as Facilitating or Barriers to Acceptance of an Exceptional Child in the Principals' Schools

This research question presented information regarding factors that principals considered as facilitating or barriers to accepting children into their schools. There were four groups of factors that were common as facilitators or barriers depending on whether they were available or accessible to that school: 1) staffing concerns, 2) professional staffing issues, 3) programs and classes, and 4) equipment, facilities and community or parent involvement.

Research Question 6

Within the educational system, where do principals see the education of exceptional children effectively occurring?

Four statements from Section II of the questionnaire related to accommodating exceptional children within the regular classroom setting. The results from the questionnaire for the four statements are presented in Table 17. The subject of special education services being provided by teachers with special education training was also covered. There were two comments made by principals in an open-ended question at the end of the questionnaire that related directly to special classes and special schools. Although the open-ended question will be covered later in this

chapter, these two statements are reported under this research question.

Table 17

Within the educational system, where does education of exceptional children effectively occur?

Statement	Agree	Disagree	Uncertain
8. The education of exceptional children should be handled solely by educators trained in special education. (n = 59)	18	33	8
17. Regular classroom teachers can deal adequately with the educational needs of exceptional children. (n = 58)	6	45	7
18. This school does not have any difficulties accommodating students with special needs. (n = 58)	16	38	4
33. Exceptional children with physical/ mental handicaps of moderate to severe degrees should receive educational services in separate classes or special schools. (n = 57)	24	18	15

Slightly more than one-half of the principals in the study disagreed with the statement that "the education of exceptional children should be handled solely by educators trained in special education." Close to one-third of the principals agreed with this statement. The wording of this statement could have influenced the responses of some principals because the word solely denotes exclusivity. Some principals in the study had earlier agreed with a statement regarding interaction and collaboration between professionals and teachers (Research Question #3) and these principals might disagree with a statement that implies segregated classes with a special education teacher. Another reason for the amount of disagreement with the statement might be that some principals believed that regular education teachers are capable of teaching exceptional

children as well as special education teachers.

However most of the principals did not agree with the statement that "regular classroom teachers can deal adequately with the educational needs of exceptional children." Therefore the results for the previous statement cannot be interpreted to mean that regular education teachers are capable of teaching exceptional children as well as special education teachers according to these principals. One principal stated in the open-ended question that the extent and type of handicap could be a factor for regular classroom teachers in handling exceptional children in their classrooms.

Most of the principals did not agree with the statement that their "school does not have any difficulties accommodating students with special needs." This number is similar to the number of principals whose schools had few or no specialized services/programs available.

Slightly more than one-third of the principals agreed with the statement that "exceptional children with physical/mental handicaps of moderate to severe degrees should receive educational services in separate classes or special schools." However, slightly less than one-third of the principals indicated some uncertainty in responding to this statement. These results suggest that the principals were divided on the most appropriate setting for delivering services to children with moderate to severe handicaps, be it in separate classes, separate schools, or other educational setting. There is no specific information in the questionnaire to indicate what the principals' opinions might be regarding the degrees of integration that would be appropriate or what levels of assistance a student might need.

Summary: Research Question #6 - Within the educational system, where should the education of exceptional children effectively occur?

The results from the statements suggest that many principals would have difficulty accommodating some exceptional children in their schools. Some principals did not agree that only special education teachers should teach exceptional children however, some principals also agreed that regular classroom teachers are not able to adequately deal with the needs of exceptional children. One statement dealing with separate classes or schools showed some uncertainty among less than one-third of the principals.

Research Question 7

What are the principals' levels of concern and what are their estimations of the effects upon the regular student population when exceptional students attend their schools?

Two statements from Section Two of the questionnaire related to the effects upon regular students. The results from the questionnaire for these statements are presented in Table 18.

Table 18

Levels of concern and effects upon the regular student population when exceptional children attend the school

Statement	Agree	Disagree	Uncertain
5. Exceptional children often have difficulties mixing with other students in this school. (n = 59)	27	25	7
25. Contact with students who learn differently, more quickly, or more slowly than others has been increasing for all teachers. (n = 59)	49	8	2

Slightly less than one-half of the principals agreed with the statement that "exceptional children often have difficulties mixing with other students in this school." The statement did not specify any particular kinds of exceptionalities, therefore the principals made their own assumptions based on any special needs students presently involved in their schools, on past experience, on studies in this area they were aware of, or their own perceptions of individuals with handicaps. There was no significant difference between the two groups of principals.

Most of the principals in this study agreed with the statement that "contact with students who learn differently, more quickly, or more slowly than others has been increasing for all teachers." These results coincide with information found in the literature which indicated that there were increases in the numbers of exceptional children (Winzer, 1990). The prevalence figures are influenced by complex, interacting factors; such as, varying definitions and descriptions of disabilities, methods of data collection and interpretation, and social factors related to stigmatization and public perception (Winzer, 1990, p. 8). Advances in the screening and identification of children with difficulties may also have influenced the increase in the numbers of exceptional children.

Summary: Research Question #7 - Levels of concern and effects upon the regular student population when exceptional students attend the principals' schools.

The results indicated that most of the principals agreed that the numbers of special needs children were increasing. The principals did not strongly indicate one way or the other that the exceptional child has difficulties interacting with other students in their schools. This research question could not be adequately covered with the information obtained from the questionnaire. Exploration into the principals' opinions on integration would clarify this research question further.

Research Question 8

What views are held about the involvement and responsibility of parents in seeking and providing necessary services for their exceptional children in the school system?

Three statements from Section Two of the questionnaire related to the issue of parental involvement. The results from the questionnaire are presented in Table 19.

Table 19

The involvement and responsibility of parents in seeking and providing necessary services for their exceptional children in the school system

Statement	Agree	Disagree	Uncertain
21. Developing an appropriate educational program can be enhanced through cooperative efforts between parents and professionals. (n = 59)	58	1	0
30. Parents play a crucial role in coordinating and managing the remedial program for their exceptional child's learning and developmental needs. (n = 59)	42	11	6
35. The involvement of the exceptional child and parents in assessment and program planning increases the chances of having a better understanding of the child's needs. (n = 59)	56	2	1

Most of the principals in this study agreed with the statement that "developing an appropriate educational program can be enhanced through cooperative efforts between parent and professionals." Most principals also agreed that "the involvement of the exceptional child and parents in assessment and planning increases the chances of having a better understanding of the child's needs." Parents can be included in the collaborative efforts between professionals and teachers, and most

principals agreed that "parents play a crucial role in coordinating and managing the remedial program for their exceptional child's learning and developmental needs." These results also coincide with the objective of American legislation which includes the parents in the development of the IEP. The results also coincide with the Goals of Education identified by Alberta Education which consider education to be a shared responsibility and a partnership between home, school, church and the community (1987a, p. 3).

Summary: Research Question #8 - Involvement and Responsibility of Parents in seeking and providing necessary services for their exceptional children in the school system.

Principals in this study agreed that parents should be involved in seeking and providing necessary services for their exceptional child, as well, they supported cooperative efforts between parents and school in developing and providing an appropriate educational program for the student.

Research Question 9

For a referral checklist of problematic behaviours, which are viewed as a responsibility of the educational system to deal with? At what level(s) within the school system does the responsibility lie (that is, jurisdictional or school's level of responsibility)? Is the principal's school able to provide services to deal with the problems identified on the referral checklist?

The data for this research question were compiled from Section Four of the questionnaire, which asked principals to indicate educational responsibility for referral behaviours at jurisdictional and school levels. This section also asked the principals to consider their own school's ability to handle the behaviour.

Each item on the referral checklist was drawn from one of five

domains identified by Magill-Evans and Madill (1990). These were: Cognitive (COG), Sensory-Motor (S-M), Psycho-Social (P-S), Activities of Daily Living (ADL) and Therapeutic (THER). The domain for each item is listed in Appendix I which presents the numbers of responses for each level of educational responsibility. Table 20 provides the number of items within each of the domains identified by Magill-Evans and Madill (1990).

Table 20

Magill-Evans and Madill's Domains (1988)

Cognitive	7
Sensory-Motor	32
Psycho-Social	11
Activities of Daily Living	10
Therapeutic	6

Discussion of the results of Research Question #9 first covers the missing data from Section Four of the questionnaire. The educational responsibility at two levels (Jurisdiction Level and School Level) are then presented. Finally, the information on the principals' own schools is discussed and compared with the results on educational responsibility.

Missing Data for Section IV

There were four questionnaires out of the 60 returned where all items in Section Four were left blank. The explanations for these blank questionnaires were:

(1) on two questionnaires, Section Four was not returned. Letters were sent with new questionnaires but were not returned;

(2) one principal stated that Section Four was complicated and time consuming and noted that "most teachers do not have the training or knowledge to provide physical treatment to students. Whose role

this is and who should pay is the question."; and,

(3) one principal returned the questionnaire partially completed for Sections One through Three, but no responses were given in Section Four.

Of these four principals, three were from the group of principals whose schools had few or no specialized services/ programs, and one was from the group of principals whose schools had more specialized services/programs (explanation point 2). These four questionnaires have been dropped from the discussion of the results of this section, leaving 56 questionnaires for analysis.

Section Four was partially completed by 16 of the 56 principals; 10 were from the group of principals whose schools had few or no specialized services/programs, and 6 were from the group of principals whose schools had more specialized services/programs. Although a large number of blanks were scattered throughout the section, the Jurisdiction column was left blank more often. From statements made by the principals a few reasons for the blanks were noted:

(1) "all of the above would involve parents a great deal and doctors, not only school";

(2) the section was "difficult to complete as with proper resources, schools could meet most needs." This principal also stated that his/her school had few resources and facilities at that time to provide services;

(3) under the column for the Principal's Own School, question marks were left where the principal was unsure. The principal also questioned that the age of the child was relevant for some items;

(4) some of the items were felt to be health problems, and were therefore left blank;

(5) blanks were left for those items that involved wheelchair bound cases because the schools had 2 levels, no ramps, or did not have bathroom stalls that would accommodate the wheelchairs.

The total number of possible responses for the 56 questionnaires was 11,088 (198 per questionnaire). The missing data for the two groups of principals are presented in Table 21. The numbers of responses and missing data are listed in Appendix J.

Table 21

Missing Data in Referral Items Between the Two Groups of Principals

Responsibility Level	Specialized Servs/Progs.	Few/No Spec. Servs/Progs.	Total
Jurisdiction	183	341	524
Schools	132	221	353
Principal's Own School	77	211	288
Total =	392	773	1165

The missing data were examined in detail. The distribution of missing data at each level of responsibility are presented in Table 22. The complete data are listed in Appendix K.

Three possible reasons for the amount of missing data are the language used in the referral instrument, the length of the instrument, and knowledge or expectations of the Jurisdiction level. The language used in the referral instrument was not based on medical or occupational therapy terminology, according to Magill-Evans and Madill (1990). Their design was intended to be understood by non-occupational therapy personnel. This study did not give the principals an opportunity for specific input on terminology used. There was only one comment made that could relate to the terminology used on the referral checklist - the principal stated that the behaviour items were health related. It could be assumed that most of the principals appeared to understand the meanings intended by the items and their educational significance to determine the

need for referrals. However, if there was any confusion regarding the item and its effects on education then this might account for some of the missing data (refer to concern identified in Chapter III by principals who piloted the questionnaire).

Table 22

Missing Data at Each Level - Jurisdictional Responsibility, School Responsibility and the Principals' Own School's Ability

Number of Principals Leaving Items Blank	Number of Blank Items at Each Level		
	Jurisdiction	Schools	Own School
10	5	--	--
9	20	--	--
8	16	1	3
7	18	7	5
6	5	23	10
5	2	21	16
4	--	11	5
3	--	3	15
2	--	--	6
1	--	--	3
0	--	--	2

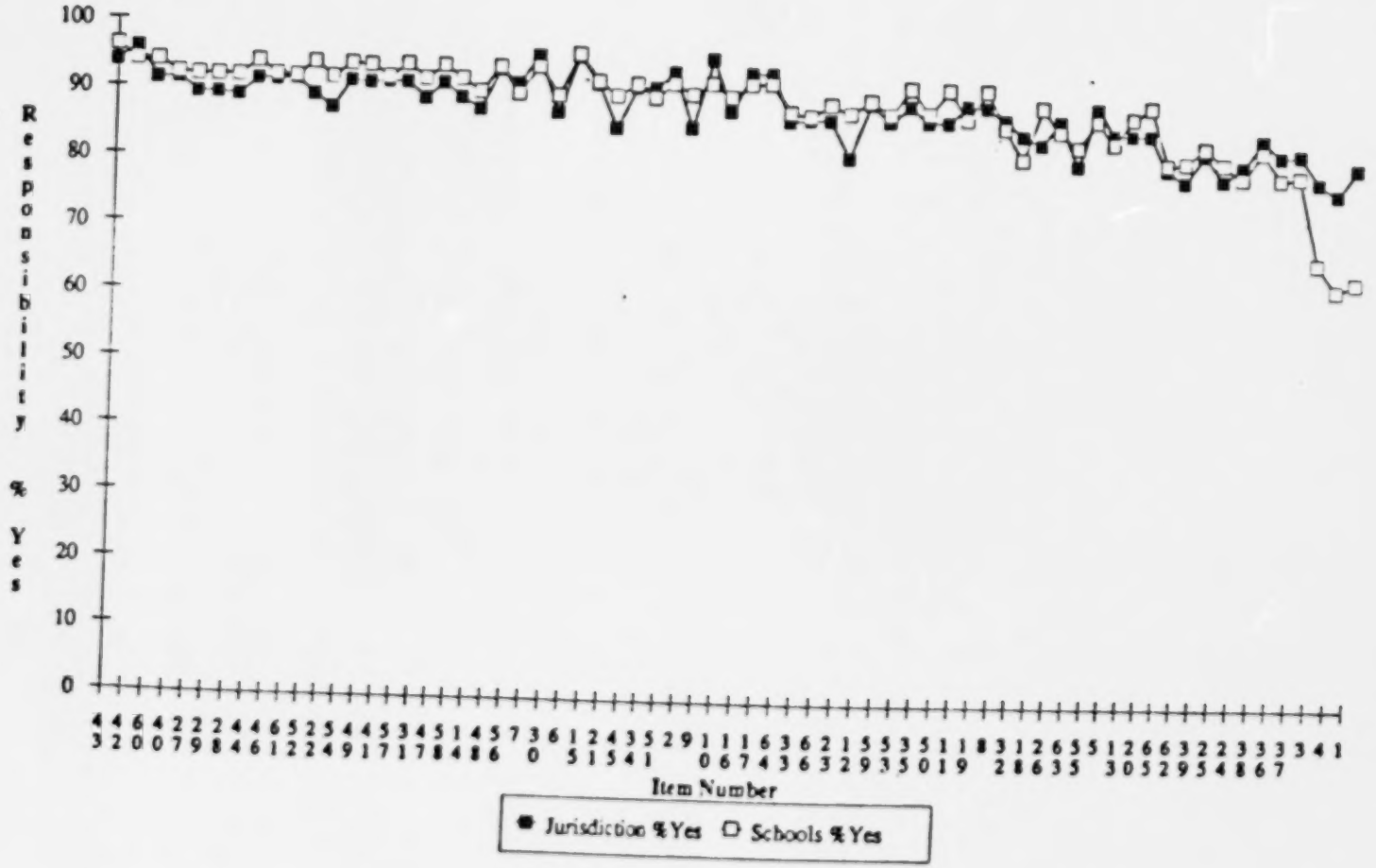
The number of principals not responding for 5 items was 10, and these were at the Jurisdiction Level of Educational Responsibility. There were a further 20 items also at the Jurisdiction Level that were left blank by 9 principals. These 25 items accounted for one-third of the missing data. These 25 items also represent 38% of the 66 item referral checklist. These figures suggest that the principals might have more difficulty on responding to educational responsibility at the Jurisdiction Level. Another reason to consider might be that principals were more comfortable responding to a school level responsibility rather than a jurisdictional level. One principal stated that Section Four was time consuming and instructions were complicated.

Educational Responsibility for Items on the Occupational Therapy Referral Instrument

The range of positive responses for the levels of educational responsibility are presented in Figure 1. Appendix I also contains the responses of the principals for each item at each level of educational responsibility.

Figure 1

Jurisdiction and School Level Responsibility



Jurisdictional Level Responsibility

Most principals indicated that there was some educational responsibility at the Jurisdiction Level for all of the problematic behaviours on the referral checklist. The range of positive responses for items on the referral checklist from the principals was 38 to 47. There were two items positively scored by 38 principals and were both from the Psych-Social domain. All of the items were positively scored by most of the principals at the Jurisdiction Level of Responsibility. These results suggest that there is perceived to be some Jurisdictional Level Responsibility for the referral checklist items identified by Magill-Evans and Madill (1990).

School Level Responsibility

At the School Level of Responsibility positive responses for items on the referral checklist ranged from 33 to 51. Three items were positively scored by more than one-half of the principals for School Level Responsibility in handling these behaviours. All three items were from the Activities of Daily Living (ADL) domain. These three ADL items at the School Level were quite separate from the other 63 items, as the next group of items was supported by 40 principals. They involved difficulties relating to: 1) toiletting; 2) swallowing, chewing, drinking, drooling; and 3) self-feeding. At the Jurisdictional Level of Responsibility, these items were positively scored by more principals than at the School Level. It would appear that difficulties in these areas were perceived by the principals to be more at the Jurisdictional Level of responsibility than at the School Level. Some of the principals may have considered that services would be more easily obtained or available at the jurisdiction level; for example, assistance from aides, volunteers, parents, or other options.

Principal's Own School Level: Ability to Handle Behaviour Items

The range of positive responses indicated by the principals for items on the referral checklist at their Own School Level was 14 to 54. Six items were supported by less than one-half of the principals. Three of these six items were the same as those positively scored by slightly more than one-half of the principals under School Level of Responsibility. At the Jurisdiction Level of Responsibility these three items were positively scored by almost three-quarters of the principals. These three items were from the ADL domain - toiletting, swallowing, and self-feeding. These results suggest that some principals have concerns about handling these problems at their schools and therefore they could not provide services in these areas. These concerns may be similar to some of the factors considered to be barriers to acceptance: lack of trained staff, inadequate facilities, or lack of equipment.

Significant Differences Between the two Groups of Principals

Analyses of dependency between the two groups of principals were done using Chi Square tests for nominal data. There were eight significant results ($p < .05$) on items for which the principals indicated whether or not their schools could provide services in relation to the behaviour items on the checklist. These eight items are presented in Table 23. In all cases, principals of those schools with more specialized services/programs identified these items as areas in which their schools were able to provide services. Figure 2 displays these eight items along with several other problematic behaviour items from the referral checklist.

Table 23

Significant Differences Between the Two Groups of Principals in Educational Responsibility for Items at the Principal's School

Item	Domain	p
1 - Unable to manage toiletting	ADL	.0300
3 - Difficulty swallowing, drooling, etc	ADL	.0250
4 - Assistance with feeding	ADL	.0120
37 - Trouble holding head up	S-M	.0160
38 - Slumps in chair/wheelchair	THER	.0197
39 - Hard time keeping balance	S-M	.0096
50 - Difficulty imitating postures	S-M	.0150
53 - Is hyperactive	COG	.0216

Figure 2

Significant Dependencies for Problematic Behavior Items Between Principals of Schools With Highly Specialized Programs/Services and Principals of Schools With Few/No Specialized Programs/Services

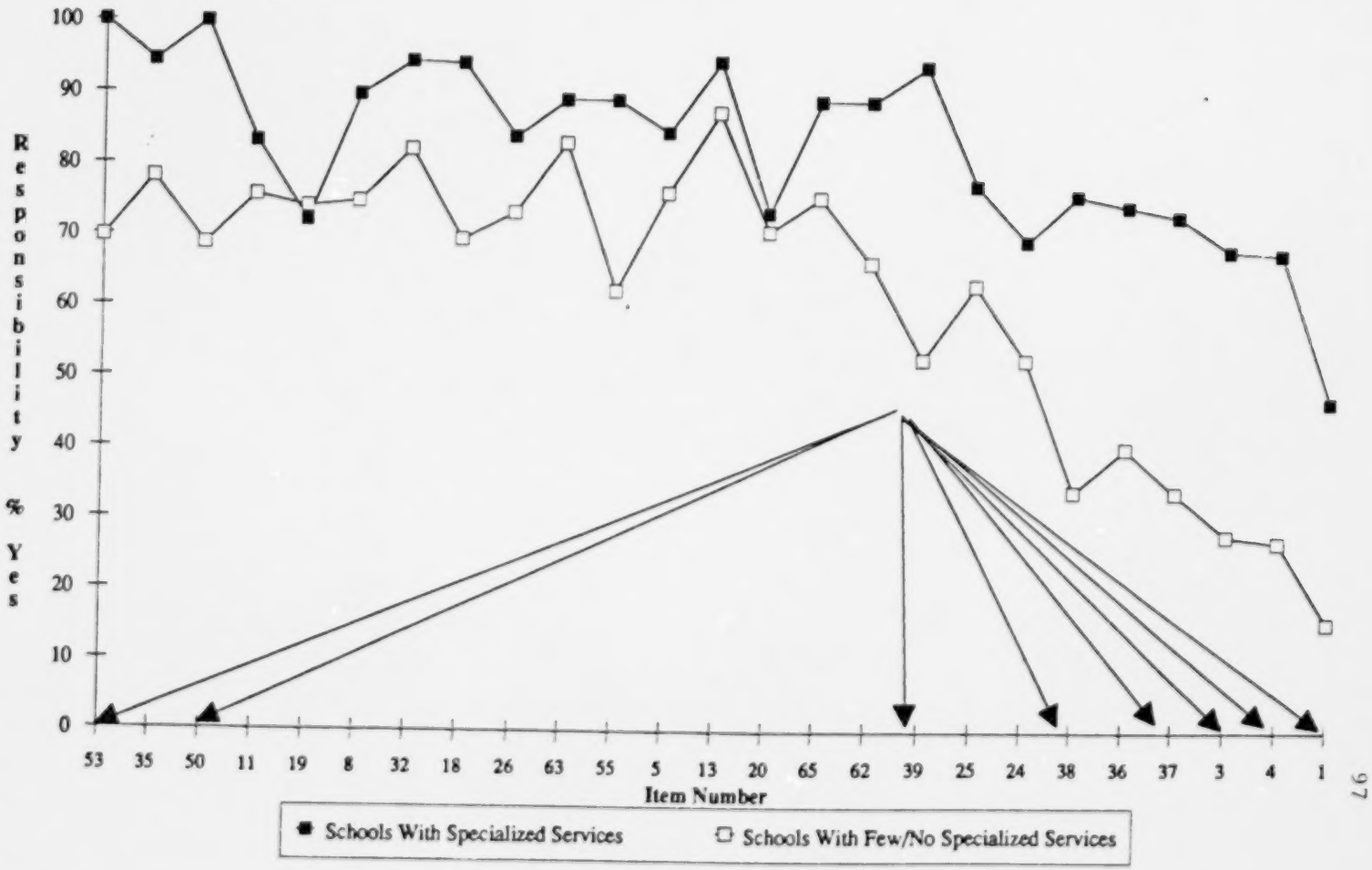


Table 24 presents the number of positive responses given by the principals on the eight items for responsibility at the Jurisdictional and School Levels. The number of positive responses given by the principals for their Own School's ability to handle these problem areas are presented in Table 25.

Table 24

Number of Positive Responses for educational responsibility at the Jurisdiction and School Levels

Item Description	Jurisdiction	School	Total # of Principals
1 - Unable to manage toiletting	41	33	56
3 - Difficulty swallowing, drooling, etc.	39	33	56
4 - Assistance with feeding	39	33	56
37 - Trouble holding head up	41	41	56
38 - Slumps in chair/wheelchair	42	42	56
39 - Hard time keeping balance	40	43	56
50 - Difficulty imitating postures	41	46	56
53 - Is hyperactive	43	47	56

Table 25

Number of Positive Responses for the Principal's Own School's Ability to handle these Referral Items

Item Description	Principals' Own School	Total # of Principals
1 - Unable to manage toiletting	14	56
3 - Difficulty swallowing, drooling, etc.	20	56
4 - Assistance with feeding	22	56
37 - Trouble holding head up	25	56
38 - Slumps in chair/wheelchair	24	56
39 - Hard time keeping balance	34	56
50 - Difficulty imitating postures	41	56
53 - Is hyperactive	42	56

The results suggest that for these 8 behaviours, most of the principals indicated that the responsibility for dealing with the behaviours was at the Jurisdictional Level more than at the School Level. This may be due to services/programs available at other schools, lack of staff, equipment, facilities or programs at their schools or other reasons not elicited by this study. However, in the vignette section of the questionnaire many principals also indicated that they would handle a special needs child if resources were available.

Summary: Research Question #9 - Problematic behaviours viewed as a responsibility of the educational system to deal with.

Most of the principals indicated that there was some educational responsibility for all the problematic behaviour items on the occupational therapy referral instrument. There was close agreement on most items across Jurisdiction and School Levels. Significant differences between the 2 groups of principals at the individual Principal's Own School Level

were noted on eight items. The principals with more specialized services/programs indicated that they could handle these problem items at their schools more often than the principals of schools with few or no specialized services/programs. For the principals in the first group, toiletting, feeding and positioning items were the ones most likely for some not to handle at their schools. These items could continue to reflect concerns of some principals for physical facilities and trained staff to handle these problems.

Differences between the two groups of principals were expected because of the distribution of services and programs across schools. However, some principals indicated that they could handle the problems at their schools, if they were given adequate support (financial and programs), resources (equipment and staff), and adaptations to facilities if needed. Some principals also indicated that problems could be handled at their school, but should be looked at by other schools or the jurisdiction. The results from data suggested that the principals in this study accepted educational responsibility for the problematic behaviour items on the referral checklist. However, for many of the principals in this study, providing services or facilities for some specific ADL items on the referral instrument would be difficult to handle at their schools.

Legislation and Support

Principals were given an opportunity at the end of the questionnaire, to comment on: (1) any perceived differences between what is legislated and what is supported at the school level, and (2) what could be done to reduce or counteract this difference. There were a total of 52 statements made by 31 principals. The comments were classified into four groups of issues: staffing, funding, inservice and training, and integration. The comments are presented in Appendix M.

Staffing. Fourteen comments supported increasing people resources which included provision of aides, accessing help from personnel in

Alberta Education, and provision of specially [professional?] trained staff. One comment reflected the underlying concerns which many principals mentioned throughout the questionnaire: "unrealistic demands placed on regular classroom teachers to accept and accommodate [exceptional children] without providing necessary support and services, need to be decreased."

Funding. Seventeen comments reflected concerns about increasing funds or improving funding for grants and programs. One principal suggested accessing medical and health care funds to help with providing special services in the educational setting. Funding to increase and improve alternatives was noted by one principal but not elaborated upon.

Inservicing, Training, and Education. Seven comments were made which expressed concerns about the specialized training that teachers require to handle exceptional children in the regular classroom. Inservicing, courses and increased communication for teachers on-site were three of the suggestions mentioned by principals.

Integration. Eleven comments referred to integrating the exceptional child within the regular classroom setting. Some principals expressed concerns about the workload expectations on teachers, and the suitability of regular schools for severe disabilities. Some principals however, indicated that the school was an appropriate setting for education of all children, including exceptional children. One principal expressed a concern regarding behaviour disordered children in the regular schools because the safety and learning of other students was threatened. In this situation the principal stated that they supported segregated programs and schools.

Chapter Summary

This chapter presented an analysis of data obtained from 60 questionnaires that had been received from principals across nine Alberta school jurisdictions. Data were classified and discussed under nine

research questions looking at: (1) principals' awareness of legal requirements about special education in Alberta; (2) determining factors that were viewed as facilitators or barriers in schools for accommodating exceptional students; and (3) determining if principals viewed certain referral behaviours related to problems that receive treatment services from occupational therapy, as a responsibility of the school system. The findings show the complexity of some issues surrounding the placement of exceptional children within the school setting. Staffing, funding and training were three issues identified by the principals. There was an underlying concern expressed by some principals in the study regarding the appropriateness of the regular classroom setting for more severe problems whether they are physical or behavioral. Principals indicated strong support for provision of services to exceptional children through collaboration and interaction at all levels in the education system, other government departments, agencies and community groups. These results coincide with Alberta Education's Goals of Education which view education as a shared responsibility and a partnership between home, school, church and community (1987a, p. 3).

CHAPTER V

IMPLICATIONS AND RECOMMENDATIONS

This descriptive study was conducted with elementary or elementary-junior high school principals in Alberta, and was based on literature covering three lines of inquiry: (1) educational concerns related to integration, the need for professional services, the referral process and barriers to integration; (2) legal requirements for an appropriate education and related service provision; and (3) occupational therapy services being provided within the education system. A referral instrument (Magill-Evans & Madill, 1990) for use by teachers to access occupational therapy services was tested with the respondents.

Educational legislation implemented over the past fifteen years has had implications for the education of all exceptional children within the school system. The literature reviewed indicated that the development and implementation of services and programs for exceptional children were just two of the components of an appropriate education for this group.

The integration of exceptional children into regular classes has been occurring over the past thirty years (Winzer, Rogow, & David, 1987; Kirk & Gallagher, 1985). Through legislation, accessibility to an appropriate education for exceptional children has been guaranteed in the United States. Canadian legislation in some provinces also guarantees an appropriate education for exceptional children (Poirier, Goguen, & Leslie, 1988). Other provinces were noted to have permissive legislation which allowed for special education services but did not require school boards to provide special services. In Alberta, the School Act (1988) guarantees an educational program for all of its students (Alberta Education, 1988).

The literature revealed that the judicial system was involved in the definition of an appropriate education from a structural perspective by prescribing the steps required to meet the criteria of an appropriate

education. American judicial decisions defined where programs should occur and what services should be provided to allow the child to benefit from an education program. Canadian courts indicated that the content of an appropriate education needed to be determined at jurisdiction and school levels.

American legislation also stipulates that access to an appropriate education will be through a comprehensive evaluation that is nondiscriminatory. The individual education plan (IEP) which is developed from the assessment results and team meetings, must include any additional services required by the child. Occupational therapists in Canada and the United States have been concerned with the legislation and the implications to the provision of adequate services within the school system to children with special needs (Beckett, 1981; Bell, 1984; Bell & Burch, 1977; Colman, 1988; Coutinho & Hunter, 1988; Gilfoyle & Hays, 1979; Hightower-Vandamm, 1980; Madill, Tirrul-Jones, & Magill-Evans, 1990; Magill-Evans & Madill, 1990; Ottenbacher, 1982; Royeen, 1986; Royeen, 1988; Royeen & Marsh, 1988).

The Respondents

This study briefly explored whether or not educational training at the university level might have had an influence on the administration or management of special educational services or programs. Cline (1981) suggested that most principals were not very knowledgeable regarding handicapped students, and Bloom (1988) looked at the awareness of education professors about occupational therapy in the school system. She suggested that education professors have an influence on their students, some of whom are future school administrators (p. 110). Riediger, Hillyard, and Sobsey (1985) also suggested that special education courses were not requirements in administrative programs at most colleges or universities. They suggested that the trend towards integration occurred after many of the current administrators had completed their educational

requirements (p. 90).

The respondents in this study were principals in Alberta with several years of experience in their position. There may have been some influence in their academic training on the development of management and administrative perspectives on education for exceptional children (Bloom, 1990; Riediger, Hillyard, & Sobsey, 1985). These management and administrative perspectives could be factors in developing and implementing special programs and services within the schools of the principals in this study.

The principals in this study had some course work or inservicing in the area of special education, however the study did not pursue the nature of the courses or inservices, which might have a significant influence upon the views held by principals on the development and management of special programs and services for exceptional children. As several principals in this study had no special education courses or inservices, further exploration into the usefulness of special education training in administrative preparation courses to enhance the development of programs and services for exceptional students in the schools. Would certain special education courses assist principals in the performance of administrative functions for providing educational services for exceptional children?

School and System Related Factors

Nine research questions were studied in this thesis. A discussion of each follows.

Research Question 1

Are principals aware of Alberta's legislation about the provisions of special programs and services for exceptional children?

Most of the principals in this study showed accurate knowledge of Alberta's legislation on education for exceptional children. There was a

significant difference between two groups of principals on the Alberta Education's requirement of providing an exceptional student with an education program that is appropriate to the needs of the student (Alberta School Act, 1988, p. 23). Those principals in schools with specialized services/programs indicated more agreement with the statement on legislation for providing an educational program for an exceptional student than did those principals of schools that had few or no specialized services/programs available.

Most principals also indicated that their jurisdictions had policies for the identification of exceptional children. This statement was based on regulations from Alberta Education (1987b), which provide guidelines to jurisdictions regarding the identification of exceptional students. The statement did not specifically request whether a policy existed but only whether the principal was aware of one. Therefore it cannot be stated that policies on identification do not exist in some Alberta jurisdictions. The results suggest that not all principals may be aware of policies existing in their jurisdictions on this issue, or that some principals may have assumed there was a policy when in fact one did not exist. One question arises: does a lack of awareness of specific policies on the identification of exceptional students affect principals' decisions about the provision of services or programs within their schools for exceptional children?

Research Question 2

What do the principals indicate is their school's or education's role in meeting the needs of children requiring special services?

This question looked at three issues relating to education's role in meeting the needs of exceptional children: the roles of teachers, the roles of school and central office personnel and the provision of services/programs in the school system.

An interesting finding in this study was the large number of

programs and services that were available in some of Alberta's schools. The principals presented a variety of special services and programs that had been developed to meet the needs of exceptional children in their schools. These represented some of the possible program and service options designed to achieve integration at an appropriate level for each child (Alberta Education, 1987b). The most common response to the types of programs or service options available within the principals' schools, was the use of special personnel and program options such as, resource teachers, aides, and pull-out programming.

This study did not determine the numbers and types of exceptional children present in the schools, therefore it is not known whether or not six schools with no specific programs or services available were accommodating any exceptional children in their regular classroom programs through integration.

Two roles of teachers were supported by the principals in this study: the teacher as a referral source in identifying exceptional children, and the teacher as a contributor to the development of individualized education plans (IEPs) for exceptional children. There was a statistically significant difference between the two groups of principals on the responsibility of teachers to develop the individual education plan, with the principals whose schools had more specialized services/programs indicating that teachers have an obligation to develop IEPs for exceptional students more than those principals with few or no specialized services/programs available in their schools.

Many of the principals in this study indicated that placement decisions were their responsibility. Riediger, Hillyard, and Sobsey (1985) indicated that integration is only one of many educational issues which concern the principals in the organization of instruction for the total student body (p. 90). Principals are the managers of their schools in the planning and implementation of the many activities for all children in their schools. The nature of this managerial role could be explored

further as there was a high number of uncertain and negative responses regarding the principal's responsibility in placement decisions. Could the responsibility for such placement decisions be linked with principals' experience and training in special education and exceptional children?

Information and recommendations from central office personnel regarding placement decisions were valued in some way by the principals in this study. How the principals and central office personnel in a jurisdiction interact regarding placement or program and service decisions for overall program planning and implementation would be useful to explore further. This information could be used to assist in the development of coordinated procedures to ensure that exceptional children receive the services and appropriate placement required.

The provision of services within the school system was examined through the issues of assessment, placement, personnel and accessibility. The results of this study would support Poirier, Goguen, and Leslie's statements regarding the importance of these particular issues for achieving an appropriate education (1988, p. 8). Most principals in this study identified accessibility, transportation, qualified personnel and financial resources as important issues in meeting educational needs of exceptional children and almost all principals indicated that assessment services were accessible or present in their schools.

There was a statistically significant difference between the two groups of principals on the availability of assessment services, with the principals of schools that had more specialized services/programs indicating that appropriate assessment services were available more than those principals of schools with few or no specialized services/programs. However, some principals identified concerns about appropriate placement availability for exceptional children within their jurisdictions. Further exploration is needed to confirm both levels of awareness of services and programs among principals in the same jurisdictions, and what services and programs do exist in their jurisdictions. An increased

awareness of services in a jurisdiction might contribute to more effective utilization.

Issues related to the provision of services were also identified in other sections of the questionnaire that are relevant to the research question. Some principals commented on: 1) aides, teachers, and personnel; 2) funding; 3) inservices, training and education; and 4) integration and placement concerns. Integration and placement for some principals revolved around the suitability of all exceptional children being handled in the regular school system and the unrealistic workloads of teachers and schools. Some principals indicated that there was a school-level responsibility for meeting the learning needs of all children, and only in situations where the safety and learning of others are threatened would separate classes or schools be supported.

Research Question 3

What are the principals' attitudes about the usefulness and application of assessment and intervention strategies suggested by professionals to the teachers of exceptional children?

This research question explored the usefulness of referral forms and assessment results. Most of the principals indicated that services should be provided by trained professionals. They also indicated that communication and interaction between professionals and teachers assisted in achieving comprehensive delivery of services.

While the use of specifically designed referral forms was positively indicated by most principals, there were some principals who indicated some uncertainty about the usefulness of such forms. The usefulness of information from assessments for teachers to apply to their practice was not strongly agreed to by many of the principals in this study. Studies done on the referral process support the development of specific forms that clarify needs (Pugach, 1985; Ysseldyke, 1986).

Written information from professionals was not strongly supported by

the principals. Most principals indicated that specific directions from specialists on management or application techniques were useful for teachers. The results suggested support for a collaborative and interactive approach to sharing information and implementing program plans for exceptional children.

Research Question 4

To what extent do the principals indicate that comprehensive services for exceptional students should be made available within the school? Should services be available within the school jurisdiction? To what extent do the principals indicate that schools should access services from other sources?

Results for this research question covered the provision of services as a function of the individual school and as a responsibility of the jurisdiction. Other sources of services and the links between the school and the community were also examined. The principals agreed with the statement that indicated that the school was the most appropriate setting for providing integrated remedial programming and educational services. Principals indicated that the school system should have special services and resources available and accessible to ensure that an exceptional child can benefit from an educational program.

Developing interagency policies, procedures, interaction, collaboration and communication were supported by many of the principals in the study. They indicated that continuity of service provision between agencies was important so that the exceptional child would not be at risk for failure in their educational program. The principals indicated that provision of services should occur at all levels: the individual school, the jurisdiction and community agencies. These results support the findings in the literature expressing the need for collaboration and interaction (Karaganis & Nesbit, 1980; Poirier, Goguen, & Leslie, 1988; and Winzer, Rogow, & David, 1987).

Research Question 5

Do principals indicate that jurisdiction procedures and policies are adequate in dealing with educational needs of exceptional children? What factors are indicated that hinder or facilitate the educational system in providing programs or services for exceptional children?

The information to answer this research question was drawn primarily from Section III on the questionnaire which presented three vignettes of children with different diagnostic problems. In all cases, the principals in the study indicated that educational placement was a responsibility at the jurisdictional level. However, results from individual schools indicated that fewer schools could accept the exceptional children described in the vignettes that what was expected at the jurisdictional level of the schools.

It was anticipated that most schools could handle the child in one vignette who was described as having learning difficulties (MAX). The results confirmed that most of the principals' schools in this study could accept this child and provide a variety of appropriate services or programs (Appendix E).

It was also anticipated that many schools would have difficulties handling another child described in the vignettes because of her many physical difficulties and personal care needs (EMMA). More than half of the principals indicated that they could not accept this child in their schools. Medical concerns and the need for trained support staff were important factors that were considered as barriers by the principals. The difference between the two groups of principals noted that almost one-third of the principals of schools with more specialized services/programs could more readily accommodate this child than could those principals of schools with few or no specialized services/programs. The physical facilities and special staff available in the first group's schools were considered as facilitating factors in handling children with physical difficulties.

The third vignette presented a child with significant behaviour problems (DARREN). In designing this vignette, the intent had been to describe a child with such severe problems, that he probably should not be handled in the regular school system without extensive support services; for example, a special school setting placement with psychiatric and other professional services available. This would have been for a period of time to control the behaviours so that the child could return to a regular school setting.

While most of the principals indicated that this child was an educational responsibility within their jurisdictions, slightly less than half of the principals indicated that they could not handle this child in their schools. When looking at the results of the separate groups, most of the principals in the group whose schools had more specialized services/programs indicated that they could handle this student, while slightly less than half of the principals whose schools had few or no specialized services/programs indicated that they could accommodate this child.

The anticipated response regarding the unsuitability of this child in the regular school setting was indicated by a few of the principals. They stated that this child did not belong in the regular school setting because this child threatened the safety and learning of the other children, and required a more specialized setting and service availability. The difficulty of placement for this student was expressed by some principals who stated that there were few options available to handle this child other than through the regular school setting.

In summary, approximately half of the principals indicated difficulties in handling students whose problem were at the extremes of behaviour or with moderate to severe physical problems in the regular school system. The principals identified both facilitating and hindering factors for placement within their schools: 1) aide services and staffing issues; 2) available and appropriate programs and classes; 3)

professionals and special education staff; and 4) equipment, facilities and other alternatives such as community services or parental involvement. The principals viewed these as facilitating factors if they had them, could access them, or request them. These factors were considered as barriers to those principals who did not have them or perceived they could not access them.

Research Question 6

Within the educational system, where do principals see the education of exceptional children effectively occurring?

This question explored the principals views on accommodating exceptional children within the regular classroom setting (integration). Most principals indicated that regular classroom teachers can not deal adequately with the educational needs of exceptional children. Responses from principals to this research question and to research question #3, indicated support for the interaction and collaboration between professionals and agencies with teachers to work with exceptional children. These results suggest an acceptance of resources that could be components in the provision of an appropriate education.

A few principals indicated that children with moderate to severe problems should receive educational services in separate classes or special schools, however, approximately one-third of the principals indicated that these children did not need to be educated in separate settings.

Research Question 7

According to the principals, what is their level of concern and what are the effects upon the regular student population when exceptional students attend their schools?

Principals in this study agreed with literature indicating that numbers of exceptional children in the regular classroom setting were

increasing. The increase in numbers of exceptional children may impact on the provision of service and programs within the total range of the school's activities. The principals in this study were divided regarding their opinions about exceptional children having difficulties mixing with other students. This opinion, along with the increasing numbers of exceptional children in the school system may impact on the planning and provision of professional services which could assist with the development of successful integration processes for exceptional children into regular schools and classrooms. This administrative aspect should be explored further as this study was unable to fully explore the effects of integration upon regular and exceptional students.

Research Question 8

What views are held about the involvement and responsibility of parents in seeing and providing necessary services for their exceptional children in the school system?

The guidelines and philosophy of Alberta Education include parents in the education process (Alberta Education, 1987a). Parental involvement in the process of developing an appropriate education is a crucial aspect according to the judicial and legislated definitions of an appropriate education. Principals in this study agreed with parent interaction and cooperation with program development and provision of services for the exceptional child. However, there was some disagreement by some principals as to the degree of parent involvement in the coordination and management of program delivery for their exceptional child's learning and developmental needs. The principals' views are similar to the objectives identified in American legislation which includes parents in the development of the individual education plan (IEP) and to the Goals of Education identified by Alberta Education which indicate that education is considered to be a shared responsibility and a partnership between home, school, church and the community (1987a, p. 3).

Research Question 9

For a referral checklist of problematic behaviours, which are viewed as a responsibility of the educational system to deal with? At what level(s) within the school system does the responsibility lie (that is, jurisdictional or schools level of responsibility)? Is the principal's school able to provide services to deal with the problems identified on the referral checklist?

Most principals in this study indicated that there was some educational responsibility at Jurisdiction and School Levels for all the problematic behaviours on the occupational therapy referral checklist. Close agreement on most items at the Jurisdiction and School Levels of responsibility was noted. Three items at the School Level of responsibility were noticeably separate from the rest of the responses when compared with the Jurisdiction Level responses. These three items were from the Activities of Daily Living (ADL) and suggest that principals have more concerns about schools' abilities or responsibilities for handling these problems.

Many principals indicated that they were unable to handle certain behaviours at their own schools. Of six items identified by less than half of the principals as being the responsibility of schools, three from the Activities of Daily Living (ADL) domain appeared to be the most problematic for the principals to handle in their schools. Two items from the Sensory-Motor domain and one from the Therapeutic domain related to positioning while seated in a wheelchair or regular seat, and to posture and balance. These were also considered to be problematic for the principals in providing services for students at their schools. The three ADL items were also given lower educational responsibility by some of the principals at Jurisdiction and School Levels.

The two groups of principals showed significant differences on eight behaviour items on the referral instrument, with the principals of school with more specialized services/programs available indicating more often

that they could accommodate problems than principals with few or no services/programs. Toiletting, feeding, positioning and activity level items reflect concerns of the principals for physical facilities and specially trained staff or professionals to handle these kinds of problems.

Principals from both groups indicated that they could handle most problems if given sufficient resources (funding, equipment, staff, and, adaptations to facilities if needed). These issues of support were also expressed by the principals in the final open-ended question. Some principals expressed concerns about the demands being placed on regular classroom teachers to integrate special needs children without necessary support and services. Adequate funding was suggested to increase and improve alternatives. Needs for inservicing, training and specialized education for regular teachers were also expressed by some principals.

Integration appeared to be an important area of concern for the principals in this study. The results suggest agreement with the right to an education for exceptional children, but the implementation of this right along with education for all children, reasonable expectations for teachers, and the provision of adequate levels of support to teachers that complicated successful integration according to these principals.

Recommendations

Hudson, Graham, and Warner (1979) identified six categories of attitudes and needs required to teach exceptional children in regular settings. These were: attitudes, time, materials, skills, support services and training. Riediger, Hillyard, and Sobsey (1985) also proposed some important considerations that could be useful to principals in planning for integration (pp. 89, 94 - 95). One consideration was a resource (needs) analysis which looked at: existing resources; knowledge and attitudes of personnel, students, and community; information on exceptional children being placed; educational resources of materials,

curricula and staff; and the school facility regarding any physical barriers.

Recommendation 1

Further examination of issues related to integration, and the factors used to decide what services or programs are developed within the schools should be carried out.

This information would provide input into what degree of exceptionality requires special services within the schools from the administrative perspective. What problems are identified in finding or providing suitable placements for exceptional children could contribute to the overall placement process for administrators and other concerned education personnel.

Recommendation 2

Further study should be done to determine the criteria used by educators and administrators to identify service needs, and what indicators of program efficiency and effectiveness would be used in an evaluation. Administrative opinions about the quality, effectiveness and efficiency of the programs and services offered in schools could contribute to guidelines for use in planning and developing services within regular schools for the provision of an appropriate education.

Recommendation 3

Further study of the involvement of administrators with exceptional children to determine how much and what kind of involvement administrators have, and how administrators' daily practice is affected by these students. The daily workload of school administrators might not be affected in the same way teachers' loads might be, because administrators might not have as much direct or ongoing contact with exceptional students. Principals therefore may have a different perspective than teachers on the usefulness of referral forms, assessment information and interactions with other specialists in meeting the needs of exceptional children. A difference in perspective may affect the development of

services being delivered within the schools.

Recommendation 4

Further exploration of the effectiveness of utilizing parents in the process of developing educational services for exceptional children would be useful to determine what further guidelines could be provided to schools in meeting the needs of exceptional children in the school system.

Recommendation 5

The overall results on the referral checklist for occupational therapy services suggest that there is a higher expectation of responsibility at the Jurisdiction Level for handling certain problems. Further exploration into identifying the type of involvement expected at the Jurisdiction Level might be useful for developing system resources and services.

Recommendation 6

The amount of missing data on the occupational therapy referral instrument suggests concerns with the language used to describe the behaviours/items and the relevance of these behaviours to principals when considering a student's needs for an overall educational program. The length of the referral checklist was another area of concern. Several principals indicated that the checklist was long; however, this may have related more to the overall length of the questionnaire and the complexity of responses requested for this study, rather than the actual length of the checklist. It would also be useful to consider these concerns in relation to teachers' perspectives on the relevance to education, the need for outside resources, the implications to classroom functioning and the ease of completing the referral instrument.

Conclusions

This investigation had an assumption that some principals were more aware than others of the legal requirements for providing an appropriate education for exceptional children. It was also expected that principals

might identify certain problematic behaviours on a referral checklist as not being a responsibility of the educational system to handle.

Principals of schools with more specialized services/programs available indicated somewhat more awareness of the legal implications than principals whose schools had few or no specialized services/programs for exceptional students. The principals in general indicated that the regular school system has responsibilities for providing education and services for exceptional children. Their concerns were that adequate finances, personnel, physical facilities and resources needed to be provided to ensure an appropriate education. There was a small number of principals who indicated that the regular education system cannot meet and should not be expected to meet all the special needs that might affect the educational performance of exceptional students. Some students may be better placed in settings with access to more extensive medical-based services (for example, two principals indicated that the student with severe behaviour problems identified in one of the vignettes in this study did not belong in the regular school system but should be in a medical care facility as he was too much of a threat to himself and to others). Results related to this area were few in this study and could not be commented on extensively, however there is a suggestion for further study into the expectations of the education system, and more specifically, the regular education classroom to meet all the needs of all the exceptional students.

Problematic behaviours on an occupational therapy referral instrument were identified as being an educational responsibility at Jurisdiction and School levels. However the principals indicated that some behaviours could not be handled at their own schools. The reasons identified in the questionnaire were usually lack of adequately trained staff, unavailability of appropriate services an lack of equipment and facilities. The question of whether or not the principals would identify their Own School's responsibility level if barriers could be eliminated

was not asked in this study. There were concerns regarding the length of the referral checklist, its clarity and relevance to the educational process, and the language used.

In depth exploration of effects of integration upon regular and exceptional students, and the effectiveness of utilizing parents in coordination and management of programs or services were not covered by this study and may be important considerations in the development of appropriate programs and services for exceptional children. However there was a question suggested by this study regarding the effects of administration and management on the development and implementation of programs and services for exceptional students. Bloom's study (1988) on academic preparation of administrators and the results from this study suggest possible effects on administrators' knowledge and understanding of the complexity of needs for exceptional children in: 1) utilization of allied professionals in providing services within the administrators' educational system, and 2) developing and managing programs and services for exceptional students. Therefore further exploration into the need for comprehensive academic preparation of school administrators, which includes special education program development and the utilization and management of professional services, is strongly recommended from this study. It could also be suggested that further study is needed regarding the specific academic preparation of occupational therapists for roles in non-clinical service settings (for example, schools and private practice).

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APPENDIX A

QUESTIONNAIRE

SPECIAL EDUCATION IN ALBERTA: OCCUPATIONAL THERAPY AS A SPECIAL SERVICE

DIRECTIONS: There are four sections to this survey. Please complete each section as indicated. If you have any comments, please note them anywhere on the pages - your input is appreciated. This is a survey of your personal viewpoints on factors (circumstances or conditions) that may be related to your school and/or your school system. All responses will be handled confidentially. Thank you for the time you have taken to complete this survey.

The following definitions may be useful in your consideration of the statements and questions in this survey.

- exceptional children (special needs children) - any child or youth who on account of differences in some areas of development, could need provisions different from most students to assure the maximum development of potential (both handicapped and gifted); that is, the child requires a modification of school practices, or special educational services, to develop to maximum capacities.
- system-related factors - those factors which are directly related to Alberta Education's and/or the school jurisdiction's interpretation of the legislation of the School Act.
- school-related factors - those factors which are unique to an individual school

SECTION 1 - BASIC INFORMATION

1. How many years of experience do you have as a principal? _____

2. Do you have special education program(s) or services available in your school? yes _____ no _____

If yes, please list: _____

_____

_____

3. What training do you have in special education?

none _____

inservices_____

university courses_____

SECTION 2 - PERSPECTIVES

Please circle the response which most accurately reflects your perspective on each statement.

A=STRONGLY AGREE A=AGREE U=UNSURE D=DISAGREE SD=STRONGLY DISAGREE

1. Alberta Education requires the identification of exceptional students. SA A U D SD

2. School is the most appropriate setting for providing integrated remedial programming and educational services to maximize the overall growth and development of the exceptional child as a member of society. SA A U D SD

3. The classroom teacher is responsible for referring children who may have needs for special services. SA A U D SD

4. Schools should have resources and procedures at the individual school level to ensure that the exceptional child can benefit from their educational program. SA A U D SD

5. Exceptional children often have difficulties mixing with other students in this school. SA A U D SD

6. I am familiar with the resources that are accessible within the community to assist in meeting any assessment or remedial needs for a child in this school. SA A U D SD

7. If a child is not considered appropriate for attending this school, an appropriate and satisfactory placement can be found within this school jurisdiction. SA A U D SD

8. The education of exceptional children should be handled solely by educators trained in special education. SA A U D SD

9. Regular classroom performance is enhanced when students receive the special services they require from trained professionals. SA A U D SD

10. It is especially important to have special services readily available within the school system to help students and teachers gain the most from the educational setting. SA A U D SD

11. Parents who identify concerns about their child and his/her educational program, can receive the appropriate assessment services from the resources available within this school/school system. SA A U D SD

12. I think comprehensive services can be provided to exceptional children through communication and interaction between professionals and teachers who work with those children. SA A U D SD

13. Accessibility to buildings, transportation, qualified personnel and financial resources are the most vital issues in meeting the educational needs of exceptional children. SA A U D SD

14. The final acceptance decision for placement of an exceptional child within the school should rest with the principal. SA A U D SD

15. Support and assistance for dealing with exceptional children should be available to the education system from other resources. SA A U D SD

16. This school jurisdiction has a policy that requires schools to identify exceptional children. SA A U D SD

17. Regular classroom teachers can deal adequately with the educational needs of exceptional children. SA A U D SD

18. This school does <u>not</u> have any difficulties accommodating students with special needs. SA A U D SD

19. Special assessment and remedial services should be readily available for schools to access within the community. SA A U D SD

20. The provision of extra educational resources requires more funding provisions than regular programming and should be allocated separately from Alberta Education. SA A U D SD

21. Developing an appropriate educational program can be enhanced through cooperative efforts between parents and professionals. SA A U D SD

22. Teachers find specifically designed referral form(s) useful for clarifying their concerns about a student's needs. SA A U D SD

23. Special services for exceptional children do <u>not</u> need to be accessible within the school system. SA A U D SD

24. Teachers are obligated to provide individualized educational programs if they have exceptional children in their classes. SA A U D SD

25. Contact with students who learn differently, more quickly, or more slowly than others has been increasing for all teachers. SA A U D SD

26. Schools should be able to access resources from the school system in order to assist exceptional children to benefit from their educational program. SA A U D SD

27. Information from special assessments done on students often does <u>not</u> provide teachers with useful information to apply in practice. SA A U D SD

28. Developing interagency policies and procedures for delivery of services for children in schools is a valuable area for school systems to explore. SA A U D SD

29. Children with special needs that could affect their educational performance are at high risk for failure if there is inadequate continuity of services between the agencies involved. SA A U D SD

30. Parents play a crucial role in coordinating and managing the remedial program for their exceptional child's learning and developmental needs. SA A U D SD

31. School boards in Alberta may, but need not, provide education for handicapped children. SA A U D SD

32. Placement decisions should be made by central office personnel, properly trained in areas of special education. SA A U D SD

33. Exceptional children with physical/mental handicaps of moderate to severe degrees should receive educational services in separate special classes or special schools. SA A U D SD

34. Teachers find specific direction from specialists on management/application techniques more useful than receiving and interpreting written suggestions/input from assessment reports. SA A U D SD

35. The involvement of the exceptional child and parents in assessment and program planning increases the chances of having a better understanding of the child's needs. SA A U D SD

SECTION 3 - VIGNETTES

In the following vignettes, you will be asked to answer two questions relating to the school jurisdiction and your school. Question One: Is it the school jurisdiction's responsibility to provide an educational program for the child? Question Two: Does your school have the ability (that is, the facilities and/or resources) to accommodate the child? If you would accommodate the child, mark YES. If you would not be able to accommodate the child, mark NO. If you are unable to make a decision, mark ADDITIONAL INFORMATION. Under the COMMENT SECTION for each vignette:

* If you answered YES, please state the factors you feel exist in your setting to facilitate this child attending your school.
* If you answered NO, please state the factors you feel hinder, reasons for, or barriers that exist that would not allow the child to attend your school.
* If you answered ADDITIONAL INFORMATION, please state the reasons why, or what additional information you would require to make a decision regarding accepting this child within your school.

In all 3 vignettes the parents have moved into the area and the children come from other settings or this is their first school experience. The medical diagnosis is stated and the strengths and weaknesses of the child are briefly described. Any particular implications to school functioning are noted as well.

VIGNETTE # 1 - DARREN

Darren is an eleven year old boy in grade five, who has had a long history of difficulties. He has frequent temper outbursts during school and at home. These outbursts are easily provoked with any minor frustration. He will attack other children and adults. The children are nervous around Darren and do not willingly interact or play with him.

Performance abilities are well below grade level. He is hostile towards the teachers and has not cooperated with any assistance offered in the past. He appears motorically active, showing impulsiveness and distractibility in class and at play. His restlessness is distractive to others in the class. He is unwilling or unable to persist with tasks, and staff involved with him at former schools have been unable to determine any areas that are of interest to Darren. He has also shown recent signs of self abusive behaviours.

Physically, Darren is a tall boy for his age and has well developed motor skills. His family has had some difficult times -- his mother is presently working full-time and is extremely concerned about Darren's behaviours. He does not have any siblings at home and his father lives in another city. They do not relate well to each other and therefore his father seldom visits Darren.

Darren (behaviour problem)

1) Is your school system responsible for providing educational services for this boy? yes _____ no _____

2) Would your school accommodate this boy?

* _____ YES _____

_____

* _____ NO _____

_____

* _____ ADDITIONAL INFORMATION _____

_____

VIGNETTE # 2 - EMMA

Emma is a five year old girl who has a type of spina bifida with associated hydrocephalus which has been successfully medically managed. Professional involvement to this point has been through the regularly scheduled semi-annual visits to the multidisciplinary specialized clinic at a pediatric treatment centre. Emma will continue to be monitored by this centre for her medical and treatment needs. This September will be her first experience in an educational setting.

Emma sits on a regular child-size chair and uses her arms to balance as she tends to lean or fall to her left. She also has a custom-made moulded seating insert to protect the spinal deformity on her lower back.

To prevent pressure areas forming on her buttocks because of loss of sensation, Emma needs to be reminded to change positions throughout the day -- time spent in a standing frame to do table-top activities or on the floor to play. Within her home, Emma has been using a type of leg and back brace (parapodium) which allows her to rise from sitting to standing (changing play positions) and manoeuvre around the house and yard for short distances. For longer distances she can independently propel a manual wheelchair fitted with her custom-made seat insert.

In general, Emma has adequate strength in her arms and hands with some mild incoordination, therefore her fine motor skills are somewhat immature. Emma demonstrates parrot-like speech which tends to cover her slightly below average intellectual abilities. She is easily distracted from tasks. Emma requires assistance with dressing, particularly her lower limbs. She is totally dependent for toiletting at this time; however, she is currently being seen by the nurse at the special clinic to work on increasing independence over the next 1 to 2 years.

Finally, because of the multiple needs of her condition close attention is required for Emma to prevent secondary complications such as bladder infections, pressure areas, or deterioration in her physical status.

Emma (spina bifida)

1) Is your school system responsible for providing educational services for this girl? yes _____ no _____

2) Would your school accommodate this girl?

* _____ YES _____

_____

* _____ NO _____

_____

* _____ ADDITIONAL INFORMATION _____

_____

VIGNETTE # 3 - MAX

Max is an eight year old boy going into grade three. Concerns about his academic performance and developmental abilities have been noted throughout grades one and two. He displays learning difficulties affecting a number of areas.

Although a pleasant boy, Max tends to be disruptive at home and at school. He is often daydreaming and inattentive when the teacher is talking to the children or when he is supposed to be working. The following behaviours and areas of concern have been noted:

- he fidgets when seated and while waiting in line
- when in line, does not appear to like the other children touching or jostling him around
- does not like messy activities, such as finger painting, clay
- he is very fastidious and gets agitated if pressured to try these activities
- in gross motor activities he is clumsy and awkward, he does not imitate actions (seems confused as to how to do them), his balance is poor on equipment
- he does not seem to know positional terms (such as up, down, front, behind, in, out) when doing gross motor activities (eg. obstacle courses)
- he displays poor quality fine motor skills -- his printing is large with poorly formed letters/numbers, he still reverses some letters, he will often use his right or left hand for printing, scissors are awkwardly used, and he is clumsy when trying to do tasks requiring fine manipulation such as buttons, games or puzzles
- his reading is well below grade level (at the primary level), whereas his arithmetic skills and general language skills are at his grade level
- in reading, he appears to have difficulty sounding words and does not have good retention for sight-recognition of words

Max (learning disability)

1) Is your school system responsible for providing educational services for this boy? yes _____ no _____

2) Would your school accommodate this boy?

* _____ YES _____

_____

* _____ NO _____

_____

* _____ ADDITIONAL INFORMATION _____

_____

SECTION 4 - OCCUPATIONAL THERAPY AS A SPECIAL SERVICE

Occupational therapy is a profession which uses purposeful activity to prevent disability and to develop skills, restore function and maintain ability in areas of performance, health and spiritual well-being. The practice encompasses evaluation, treatment and consultation with services being directed through health, educational and social service systems.

Directions: Using the brief definition/description of occupational therapy and your opinions, knowledge and expertise; please rate each of the following behaviours according to these criteria.
Note: services = assessment and/or remediation.

For Column 1 (JURISDICTION):
Y = is a jurisdictional responsibility to provide services in relation to these behaviours (under the School Act)
N = is not a jurisdictional responsibility to provide services in relation to these behaviours (under the School Act)

For Column 2 (SCHOOLS):
Y = should be a school level responsibility to provide services in relation to these behaviours
N = should not be a school level responsibility to provide services in relation to these behaviours

For Column 3 (YOUR SCHOOL):
Y = my school can provide services in relation to these behaviours
N = my school cannot provide services in relation to these behaviours

RESPONSIBILITY			BEHAVIOURS
JURISDICTION	SCHOOLS	YOUR SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:
____	____	____	1. Is unable to manage toiletting.
____	____	____	2. By age 10, pays little attention to his/her appearance; is messy and unkempt.
____	____	____	3. Has difficulty with swallowing, chewing, drinking, or drooling.
____	____	____	4. Needs assistance with self-feeding or is exceptionally sloppy.
____	____	____	5. Has trouble putting on clothes and changing; has difficulty with fastenings.
____	____	____	6. Has difficulty with stairs (holds bannister, 2 feet/step).
____	____	____	7. Walks poorly with assistive device (eg. canes, walker, crutches)
____	____	____	8. Habitually walks on toes.
____	____	____	9. Needs help with use of wheelchair.
____	____	____	10. Cannot heel-toe walk, hop on one foot, or jump in place.
____	____	____	11. Does not have reciprocal arm and leg movements when walking.
____	____	____	12. Stumbles and falls more frequently than others his/her age.
____	____	____	13. By age 8, has difficulty using a telephone.
____	____	____	14. Has difficulty handling small items (eg. coins, paperclips)
____	____	____	15. Has physical difficulties in accessing a computer.
____	____	____	16. Requires special adjustments to use a computer in class.
____	____	____	17. Has difficulties with doorknobs and faucets.
____	____	____	18. By age 8, has difficulty with simple homemaking tasks.
____	____	____	19. By high school, has unrealistic career plans in light of abilities.
____	____	____	20. Lacks basic job acquisition skills (eg. applications, interviews).
____	____	____	21. Rarely plays with other children; does not have friends.
____	____	____	22. Has difficulty taking turns, sharing or following rules.
____	____	____	23. Does not play age appropriate games.
____	____	____	24. Has extreme tightness at any joint which limits function.
____	____	____	25. Has too much movement in joints; seems double jointed.

RESPONSIBILITY			BEHAVIOURS
JURISDICTION	SCHOOLS	YOUR SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:
____	____	____	26. Has a splint or brace that interferes with classwork.
____	____	____	27. Has difficulty using scissors or cutting along a line.
____	____	____	28. Has difficulty bouncing, throwing, or catching a large ball.
____	____	____	29. Holds pencil awkwardly; presses too hard or too lightly.
____	____	____	30. By age 9, has difficulty spacing letters; is messy.
____	____	____	31. When writing does not use non-dominant hand to stabilize the paper.
____	____	____	32. When using one hand, tenses or moves the other.
____	____	____	33. Loses place when reading; moves head as well as eyes when reading.
____	____	____	34. Does not allow others to be near by when working; is upset by unexpected touch.
____	____	____	35. Appears to have poor overall body strength; is "floppy".
____	____	____	36. Sometimes makes no attempt to catch self when falling.
____	____	____	37. Has trouble holding head up when sitting.
____	____	____	38. Slumps to one side or slides forward in chair or wheelchair.
____	____	____	39. Has a hard time keeping balance; readjusts posture frequently.
____	____	____	40. Has difficulty with puzzles.
____	____	____	41. Has difficulty copying from the blackboard.
____	____	____	42. By age 8, still has number or letter reversals or inversions.
____	____	____	43. Has difficulty copying shapes, numbers, or letters.
____	____	____	44. Has trouble pasting one piece of paper on another.
____	____	____	45. Is awkward and large movements are clumsy.
____	____	____	46. Has poorly developed sense of rhythm; can not play clapping games.
____	____	____	47. By age 7, still switches hands during activities; is not skilful with either.
____	____	____	48. By age 9, still confuses right and left on self or another person.

RESPONSIBILITY			BEHAVIOURS
JURISDICTION	SCHOOLS	YOUR SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:
_____	_____	_____	49. Is confused about the meaning of directional words such as in front, behind, beside, up, above.
_____	_____	_____	50. Has difficulty imitating simple body postures and movements; does not cross the body midline.
_____	_____	_____	51. Is unable to draw a 6 part recognizable person with body.
_____	_____	_____	52. Is easily distracted; has a short attention span.
_____	_____	_____	53. Is hyperactive; very restless.
_____	_____	_____	54. Has difficulty communicating events sequentially.
_____	_____	_____	55. Cannot repeat 3 words or numbers.
_____	_____	_____	56. Has difficulty classifying or categorizing objects.
_____	_____	_____	57. Has trouble applying concepts to a variety of situations.
_____	_____	_____	58. Does not recognize when help is needed; does not request help.
_____	_____	_____	59. Cannot realistically identify his/her strengths and limitations.
_____	_____	_____	60. Has no strategy for solving simple problems.
_____	_____	_____	61. Is easily frustrated or discouraged.
_____	_____	_____	62. Does not express emotions or needs in socially appropriate ways; has no strategies for relieving stress and tension.
_____	_____	_____	63. Is unaware of others' feelings and needs; does not recognize nonverbal cues.
_____	_____	_____	64. Has difficulty communicating with peers or strangers.
_____	_____	_____	65. Does not recognize when he/she needs to change behaviour.
_____	_____	_____	66. Has difficulty with group participation; is uncooperative.

If you perceive a difference between what is legislated to be provided to exceptional children and what is supported at the school level for these children, what can be done to reduce or counteract this difference?

_____

_____

_____

_____

_____

I would like to thank you for taking the time to complete all of these sections. If you have any comments regarding special education services that you feel are important to consider further, please feel free to use the back of any pages for notes. If you are interested in receiving any feedback after results have been analyzed please note your name below or on a separate piece of paper.

Please return this survey in the stamped-addressed envelope provided.

RETURN ADDRESS: Vicki Anderson
c/o Department of Education Administration
Faculty of Education
7-104 Education North
University of Alberta
Edmonton, Alberta T6G 2G5

APPENDIX B

LETTER TO THE SUPERINTENDENTS

Dear

I would like to request your approval to send a questionnaire to one or more of the principals in your school jurisdiction. The questionnaire explores principals' perceptions of special education services with regard to the 1988 School Act. As an occupational therapist, I have been interested in looking at the role my profession performs in delivery of special services within the school system. I am involved in a study project with Dr. Helen Madill (Professor) at the University of Alberta, Department of Occupational Therapy. It is looking at the development of a teacher referral screening instrument for occupational therapy services. Part of this project is to determine principals' perceptions regarding decisions to access assessment/treatment services, or to provide programming for children with special needs from disciplines such as occupational therapy, physical therapy, or speech pathology.

The principals' names will be randomly selected, and the questionnaire should take approximately 20 minutes to complete. There are a few questions requesting basic information such as number of years in the principal position, any experiences with special education that they might have had, and factors related to their school or system that are available for children with special needs. The data will be handled in complete confidence and principals will be assured that there will be no way they can be identified in the final report.

If you have any concerns regarding this questionnaire, please contact me at the Education Administration Department at the University of Alberta (492-4913). I would appreciate hearing from you before 28 April 1989 if there are any concerns. I will assume that I may proceed with sending the questionnaire to any principals that have been selected within your jurisdiction if I have not heard from you after the 28th of April. Thank you in advance for your approval.

Sincerely,

Vicki Anderson, B.Sc.O.T.(C)
MED Student
Department of Education Administration
University of Alberta

Dr. Craig T. Montgomerie
Assistant Professor
Department of Education Administration
University of Alberta

APPENDIX C

LETTER TO THE PRINCIPALS

09 May 1989

Dear

The superintendent of your school district has granted approval for us to contact principals in the jurisdiction regarding a survey on special education services in Alberta. This study forms part of a joint study between the Departments of Educational Administration and Occupational Therapy at the University of Alberta. The enclosed survey has a twofold purpose: to determine factors that facilitate or hinder schools when considering the educational and/or developmental needs of exceptional children; and perspectives regarding special education services in Alberta. Occupational therapy has been increasingly involved with the education system over the past several years. Information is required for the education system and occupational therapists to develop appropriate models for intervention services within or accessible to schools.

We feel that principals are the most appropriate individuals to contact regarding this survey as they are the primary decision-makers within the school and are responsible for dealing directly with the teachers and the administration of the jurisdiction. The survey has been designed to be completed within 20 - 30 minutes. There are four separate sections using multiple choice responses. Extensive writing is not required, but space has been allotted for any specific comments that you may wish to include.

The information from this survey will be analyzed using an identification code. Other than for follow-up purposes, names and survey identification labels will not be connected. However, if you are interested in receiving any feedback from the completed analysis, please feel free to enclose your name with the survey or on a separate sheet.

This study has been approved by an Ethical Review Committee at the University. Your time and cooperation in completing this survey is greatly appreciated. Should you have any questions please contact Vicki Anderson at the University (492 - 4913). We would appreciate your response by 30 May 1989. A stamped, addressed envelope is included for your completed survey form.

Sincerely;

Vicki Anderson, B.Sc.O.T.(C)
Research Director
Educational Administration

T. Craig Montgomerie, Ph.D.
Assistant Professor
Educational Administration

Helen M. Madill, Ph.D.
Professor
Occupational Therapy

APPENDIX D

SECOND LETTER TO THE PRINCIPALS

05 June 1989

Dear

In May you were contacted regarding special education services in Alberta by the Department of Educational Administration at the University of Alberta. This survey study is part of a joint study between this department and the Department of Occupational Therapy at the university. The information is to be used for developing appropriate models for occupational therapy services within or accessible to the schools.

We have received a good response rate on the survey forms to date and would like to ensure that all the principals first contacted have an opportunity to present their views in this important educational area. This letter is to provide a second survey form, in case you have not had a chance to respond to the first form sent to you. We would greatly appreciate it if you have some time at this busy point in the year to complete this form. It has been designed to be completed within 20 - 30 minutes, with four sections using multiple choice responses. Extensive writing is not required, but space has been allotted for any specific comments that you may wish to include.

This study has been approved at the University and your superintendent has granted approval for us to contact some principals in this school jurisdiction. Should you have any questions please contact Vicki Anderson at the University (492 - 4913). We would appreciate your response by 23 June 1989. A stamped, addressed envelope is included for your completed survey form. Thank you for your participation.

Sincerely;

Vicki Anderson, B.Sc.O.T.(C)
Research Director
Educational Administration

for
Helen. M. Madill, Ph.D.
Professor
Occupational Therapy

T. Craig Montgomerie, Ph.D.
Assistant Professor
Educational Administration

APPENDIX E

PROGRAMS AND SERVICES AVAILABLE IN THE PRINCIPALS' SCHOOLS

PROGRAMS AND SERVICES AVAILABLE IN THE PRINCIPALS' SCHOOLS

Principals indicated a variety of educational programs and services that existed in their schools at the time of this study. The raw data are listed below. One group of principals had schools with more services or more highly specialized services or programs available. A second group of principals had schools with few or no specialized services or programs available.

	Schools with more specialized services or programs	Schools with few/no specialized services/programs
- resource rooms (teachers)	x	x
- remediation programs (teachers)	x	x
- educable mentally handicapped classroom	x	
- special tutorial programs	x	x
- gifted programming	x	x
- behaviour management classes	x	
- special needs aides	x	x
- special education classrooms	x	x
- enrichment	x	
- opportunity classroom	x	
- severe learning disabilities classes	x	
- trainable mentally handicapped classroom	x	
- early childhood classes	x	x
- dependent handicapped classroom	x	
- adaptation classes	x	
- sensory classes (specifically, visually impaired and hearing impaired classes)	x	
- counselling	x	x
- learning assistance centres	x	
- low enrolment classes	x	
- individual pull-out programs	x	x
- modified programming (3 years to do 2 years)	x	
- speech therapy weekly	x	
- English second language	x	x
- aides	x	x

APPENDIX F

SECTION TWO RESULTS - PERSPECTIVES ON ISSUES

Section II - Perspectives on Issues in Special Education in Alberta
RAW DATA

#	Statement	SA	A	U	D	SD	N	mean	sig
1.	Alberta Education requires the identification of exceptional students.	24	24	3	6	1	2	4.103	.003
2.	School is the most appropriate setting for providing integrated remedial programming and educational services to maximize the overall growth and development of the exceptional child as a member of society.	22	29	2	6	0	1	4.136	.520
3.	The classroom teacher is responsible for referring children who may have needs for special services.	17	39	2	1	0	1	4.220	.849
4.	Schools should have resources and procedures at the individual schools level to ensure that the exceptional child can benefit from their educational program.	27	26	2	4	0	1	4.288	.529
5.	Exceptional children often have difficulties mixing with other students in this school.	6	21	7	23	2	1	3.102	.975
6.	I am familiar with the resources that are accessible within the community to assist in meeting any assessment or remedial needs for a child in this school.	13	44	0	2	0	1	4.153	.925
7.	If a child is not considered appropriate for attending this school, an appropriate and satisfactory placement can be found within this school jurisdiction.	7	32	7	9	4	1	3.492	.869
8.	The education of exceptional children should be handled solely by educators trained in special education.	5	13	8	27	6	1	2.729	.536

Section II - Perspectives on Issues in Special Education in Alberta
RAW DATA

#	Statement	SA	A	U	D	SD	N	mean	sig
9.	Regular classroom performance is enhanced when students receive the special services they require from trained professionals.	24	30	4	1	0	1	4.305	.872
10.	It is especially important to have special services readily available within the school system to help students and teachers gain the most from the educational setting.	33	23	1	1	0	2	4.517	.667
11.	Parents who identify concerns about their child and his/her educational program, can receive the appropriate assessment services from the resources available within this school or school system.	15	38	2	3	1	1	4.068	.009
12.	I think comprehensive services can be provided to exceptional children through communication and interaction between professionals and teachers who work with those children.	14	36	6	3	0	1	4.034	.917
13.	Accessibility to buildings, transportation, qualified personnel and financial resources are the most vital issues in meeting the educational needs of exceptional children.	21	23	5	9	1	1	3.915	.589
14.	The final acceptance decision for placement of an exceptional child within the schools should rest with the principal.	13	20	9	15	2	1	3.458	.416
15.	Support and assistance for dealing with exceptional children should be available to the educational system from other resources.	25	32	0	1	0	2	4.397	.893

Section II - Perspectives on Issues in Special Education in Alberta
RAW DATA

#	Statement	SA	A	U	D	SD	N	mean	sig
16.	This school jurisdiction has a policy that requires schools to identify exceptional children.	22	32	2	3	0	1	4.237	.278
17.	Regular classroom teachers can deal adequately with the educational needs of exceptional children.	0	6	7	31	14	2	2.086	.504
18.	This school does not have any difficulties accommodating students with special needs.	1	15	4	31	7	2	2.517	.587
19.	Special assessment and remedial services should be readily available for schools to access within the community.	21	33	4	0	1	1	4.237	.995
20.	The provision of extra educational resources requires more funding provisions than regular programming and should be allocated separately from Alberta Education.	33	18	3	1	3	2	4.328	.146
21.	Developing an appropriate educational program can be enhanced through cooperative efforts between parents and professionals.	26	32	0	1	0	1	4.407	.558
22.	Teachers find specifically designed referral form(s) useful for clarifying their concerns about a student's needs.	8	38	8	4	0	2	3.862	.699
23.	Special services for exceptional children do not need to be accessible within the school system.	0	5	2	31	21	1	1.847	.703
24.	Teachers are obligated to provide individualized educational programs if they have exceptional children in their classes.	6	34	4	11	3	2	3.500	.040

Section II - Perspectives on Issues in Special Education in Alberta
RAW DATA

#	Statement	SA	A	U	D	SD	N	mean	sig
25.	Contact with students who learn differently, more quickly, or more slowly than others has been increasing for all teachers.	22	27	2	8	0	1	4.068	.506
26.	Schools should be able to access resources from the school system in order to assist exceptional children to benefit from their educational program.	29	29	0	1	0	1	4.458	.876
27.	Information from special assessments done on students often does not provide teachers with useful information to apply in practice.	6	25	9	18	1	1	3.288	.072
28.	Developing interagency policies and procedures for delivery of services for children in schools is a valuable area for school systems to explore.	17	34	7	0	1	1	4.119	.855
29.	Children with special needs that could affect their educational performance are at high risk for failure if there is inadequate continuity of services between the agencies involved.	18	32	4	4	1	1	4.051	.750
30.	Parents play a crucial role in coordinating and managing the remedial program for their exceptional child's learning and developmental needs.	14	28	6	10	1	1	3.746	.235
31.	School boards in Alberta may, but need not, provide education for handicapped children.	1	12	5	25	15	2	2.293	.133
32.	Placement decisions should be made by central office personnel, properly trained in areas of special education.	5	21	13	17	3	1	3.136	.436

Section II - Perspectives on Issues in Special Education in Alberta
RAW DATA

#	Statement	SA	A	U	D	SD	N	mean	sig
33.	Exceptional children with physical/mental handicaps of moderate to severe degrees should receive educational services in separate special classes or special schools.	12	12	15	16	2	3	3.281	.711
34.	Teachers find specific direction from specialists on management or application techniques more useful than receiving and interpreting written suggestions or input from assessment reports.	16	35	6	1	0	2	4.138	.785
35.	The involvement of the exceptional child and parents in assessment and program planning increases the chances of having a better understanding of the child's needs.	18	38	1	1	1	1	4.203	.919

APPENDIX G

SECTION THREE RESULTS - FACILITATING FACTORS IN ACCEPTING A STUDENT WITH SPECIAL NEEDS

Factors Facilitating Acceptance of an Exceptional Child into the Principal's School

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DARREN

- aide would be provided
- have an aide
- have a time-out room
- have the staff and programs
- have several students like this...we have special needs aide, special education classes, assessments by specialists
- have a behavioural management class with a small enrolment
- aides would be used
- counselling
- need psychologist to observe, test and work at home and school
- guidance counsellor, highly trained, experienced staff, large school
- need aide, professional assistance
- need psychologist help
- EMH class placement with aide
- would provide behaviour program
- have a distinct behaviour program
- have a therapy team
- have a time-out room
- have trained special education teachers
- access assistance from community services
- we have 5 - 6 just like him, have individualized behaviour plans for these children
- need full-time aide
- have a special classroom
- have a program plan designed for this kind of child
- use our resource room
- work with teacher of behaviour modification
- have staff support
- have special class with teacher who has specialized training
- do behaviour disorder assessment and integrate where possible
- need a teacher aide
- counselling is available
- need extra resource help

Factors Facilitating Acceptance of an Exceptional Child into the Principal's School

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EMMA

- need an aide
- need an aide and lots of equipment
- need a teaching assistance
- have ramps in our school
- need a special needs aide and additional support for the special education teacher
- school system currently accommodate students with similar and even more severe handicaps
- could provide a trained aide
- need an aide
- need an aide
- have aide assistance
- need individual assistant
- have a therapy team
- have equipment and facilities
- need a full-time aide
- depends on aide time
- special assistance would be provided
- need a full time aide
- would assign a full-time aide
- need a teacher aide
- would provide a special needs aide
- if aide was available
- with the presence of an aide
- would provide a student aide
- school is equipped with wheelchair facilities
- full-time aide required
- need an aide
- some stairs..otherwise set up for wheelchairs
- need to provide an aide
- need paraprofessional assistance on daily basis
- need professional medical support and communication
- need teacher aide...system presently provides an aide
- would assign teacher aide to her
- an aide would be assigned to work with her
- need an aide

Factors Facilitating Acceptance of an Exceptional Child into the Principal's School

---

MAX

- with an aide
- with an aide to help the teacher
- have a special education program...he could also be integrated into the regular classroom for much of the day
- have the resources
- extensive remediation program may be beneficial as well as aide time to assist in individual work
- have students with similar difficulties
- use our special education support system
- request aide time and integrate him into regular class
- have excellent resource room teacher and guidance counsellor
- need consultation...aide or special class for some time
- EMH placement with integration into regular class
- work with him with our resource room teacher
- have a therapy team...and well trained special education teachers
- have a LAC teacher
- have some possible aide time
- experienced special education administrator, counsellor and home room teacher
- have LAC and aide time
- some teacher aide time and LAC
- LAC is available to him...sounds like most of the others around here!
- have a number of these children [assumed that the principal has a program or services for these children]
- learning assistance centre help
- pull-out to attend LAC
- resource room has materials
- full-time resource room
- pull-out learning assistance program operating
- learning resource room with staff support
- need additional adult support
- pull-out work with special education teacher
- need paraprofessional support
- would assign trained teacher aide to work with him

APPENDIX H

SECTION THREE RESULTS - FACTORS CONSIDERED TO BE BARRIERS TO ACCOMMODATING EXCEPTIONAL STUDENTS

Factors Considered as Barriers to Acceptance of
an Exceptional Child into the Principal's Own School

DARREN

- we would need a lot of outside help
- what is the responsibility of the parents?
- special education teacher time is limited...do not have the time or expertise to deal with this situation
- have split grades therefore there would not be enough time to work with him
- lack of adequate counselling services
- no alternatives in area
- safety of other students is a concern
- special assistance should be provided by the government to the school jurisdictions
- do not have the resources...too violent...threatens health of other students
- lack of suitable programs
- lack of specialized staff
- danger to others
- physical safety of others is utmost importance
- class size too large to have enough one on one
- difficulty with teacher training in behaviour modification and the time to do it
- no in-school assistance to help work with this type of student
- lack of counselling services within the school or the district
- some teachers do not have the skills to accommodate student
- problem too severe for school
- will be interfering with the education of others
- no additional support for teacher and school (specialists or other agency involvement)
- child does not belong but alternatives are few
- this child does not belong in a regular school situation
- program available within another school in the county or district (11 principals made this type of statement)

Factors Considered as Barriers to Acceptance of
an Exceptional Child into the Principal's Own School

EMMA

- have neither the staff nor the facilities to accommodate her
- would need alterations to our facilities and a staff member capable of working effectively with this child
- physically, the plant is not designed for wheelchair use
- lack individual toilets in classroom
- too many medical concerns
- stairs - no ramps
- washrooms unable to handle her
- staff not trained
- not equipped
- resources not in place
- do not have aides or facilities that would accommodate her
- we do not have ECS students
- space is limited and demand for places is increasing
- school is old with many stairways (structure is inadequate)
- problem too severe
- religion of the child
- programs or classes are available at other schools in the county or district (8 principals made this type of statement)

Factors Considered as Barriers to Acceptance of
an Exceptional Child into the Principal's Own School

MAX

- do not have trained special education teacher
- need further assessment...are there physical problems interfering with the progress
- we do not have a program for him
- further information is necessary to help with placement decision
- religion of the child
- should be in a special education classroom [assumed that this principal did not have a special education classroom]
- special class placement a problem due to space provisions
- need a thorough assessment to assist with placement
- special education class time if space is available
- have special learning disabilities classroom in the district (2 principals made this type of statement)

APPENDIX I

SECTION FOUR RESULTS - POSITIVE RESPONSES FOR EDUCATIONAL RESPONSIBILITY

SECTION IV RESULTS - RAW DATA

RESPONSIBILITY		ABILITY	BEHAVIOUR OBSERVATIONS	
JURIS.	SCHOOL	OWN SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:	DOMAIN
41	33	14	1. Is unable to manage toiletting.	ADL
42	48	51	2. By age 10, pays little attention to his/her appearance; is messy and unkempt.	ADL
39	33	20	3. Has difficulty with swallowing, chewing, drinking, or drooling.	ADL
39	33	22	4. Needs assistance with self-feeding or is exceptionally sloppy.	ADL
43	44	43	5. Has trouble putting on clothes and changing; has difficulty with fastenings.	ADL
47	51	44	6. Has difficulty with stairs (holds bannister, 2 feet/step).	S-M
46	49	45	7. Walks poorly with assistive device (eg. canes, walker, crutches).	THER
43	45	45	8. Habitually walks on toes.	S-M
47	48	44	9. Needs help with the use of wheelchair.	ADL
45	47	49	10. Cannot heel-toe walk, hop on one foot, or jump in place.	S-M
44	43	40	11. Does not have reciprocal arm and leg movements when walking.	S-M
44	46	45	12. Stumbles and falls more frequently than others his/her age.	S-M
43	46	48	13. By age 8, has difficulty using a telephone.	ADL
43	47	52	14. Has difficulty handling small items (eg. coins, paperclips).	S-M

SECTION IV RESULTS - RAW DATA

RESPONSIBILITY		ABILITY	BEHAVIOUR OBSERVATIONS	
JURIS.	SCHOOL	OWN SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:	DOMAIN
45	48	48	15. Has physical difficulties in accessing a computer.	THER
46	48	44	16. Requires special adjustments to use a computer in class.	THER
46	49	43	17. Has difficulties with doorknobs and faucets.	S-M
43	44	40	18. By age 8, has difficulty with simple home-making tasks.	ADL
43	46	36	19. By high school, has unrealistic career plans in light of abilities.	P-S
43	46	36	20. Lacks basic job acquisition skills (eg. applications, interviews).	ADL
41	46	51	21. Rarely plays with other children; does not have friends.	P-S
42	46	54	22. Has difficulty taking turns, sharing or following rules.	P-S
40	45	51	23. Does not play age appropriate games.	ADL
40	40	31	24. Has extreme tightness at any joint which limits function.	THER
39	41	35	25. Has too much movement in joints; seems double jointed.	S-M
43	44	41	26. Has a splint or brace that interferes with classwork.	THER
42	46	53	27. Has difficulty using scissors or cutting along a line.	S-M
41	46	53	28. Has difficulty bouncing, throwing, or catching a large ball.	S-M

SECTION IV RESULTS - RAW DATA

RESPONSIBILITY		ABILITY	BEHAVIOUR OBSERVATIONS	
JURIS.	SCHOOL	OWN SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:	DOMAIN
42	46	53	29. Holds pencil awkwardly; presses too hard or too lightly.	S-M
42	45	51	30. By age 9, has difficulty spacing letters; is messy.	S-M
41	46	51	31. When writing does not use non-dominant hand to stabilize the paper.	S-M
41	41	46	32. When using one hand, tenses or moves the other.	S-M
41	43	46	33. Loses place when reading; moves head as well as eyes when reading.	S-M
43	45	44	34. Does not allow others to be near by when working; is upset by unexpected touch.	S-M
41	46	42	35. Appears to have poor overall body strength; is "floppy".	S-M
40	40	25	36. Sometimes makes no attempt to catch self when falling.	S-M
41	41	25	37. Has trouble holding head up when sitting.	S-M
42	42	24	38. Slumps to one side or slides forward in chair or wheelchair.	THER
40	43	34	39. Has a hard time keeping balance; readjusts posture frequently.	S-M
43	47	51	40. Has difficulty with puzzles.	S-M
46	47	49	41. Has difficulty copying from the board.	S-M
46	47	51	42. By age 8, still has number or letter reversals or inversions.	S-M

SECTION IV RESULTS - RAW DATA

RESPONSIBILITY		ABILITY	BEHAVIOUR OBSERVATIONS	
JURIS.	SCHOOL	OWN SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:	DOMAIN
45	49	52	43. Has difficulty copying shapes, numbers, or letters.	S-M
43	48	48	44. Has trouble pasting one piece of paper on another.	S-M
43	46	44	45. Is awkward and large movements are clumsy.	S-M
43	47	49	46. Has poorly developed sense of rhythm; can not play clapping games.	S-M
43	47	48	47. By age 7, still switches hands during activities; is not skilful with either.	S-M
44	47	46	48. By age 9, still confuses right and left on self or another person.	S-M
42	46	48	49. Is confused about the meaning of directional words such as in front, behind, beside, up above.	S-M
				S-M
41	46	41	50. Has difficulty imitating simple body postures and movements; does not cross the body midline.	S-M
45	47	42	51. Is unable to draw a 6 part recognizable person with body.	S-M
42	48	49	52. Is easily distracted; has a short attention span.	COG
43	47	42	53. Is hyperactive; very restless.	COG
43	47	47	54. Has difficulty communicating events sequentially.	COG
44	44	37	55. Cannot repeat 3 words or numbers.	COG
44	46	47	56. Has difficulty classifying or categorizing objects.	COG

SECTION IV RESULTS - RAW DATA

RESPONSIBILITY		ABILITY	BEHAVIOUR OBSERVATIONS	
JURIS.	SCHOOL	OWN SCHOOL	IF THE STUDENT DISPLAYS ANY OF THE FOLLOWING:	DOMAIN
43	48	47	57. Has trouble applying concepts to a variety of situations.	COG
42	47	48	58. Does not recognize help is needed; does not request help.	P-S
41	45	45	59. Cannot realistically identify his/her strengths and limitations.	P-S
42	47	49	60. Has no strategy for solving simple problems.	COG
44	46	48	61. Is easily frustrated or discouraged.	P-S
38	41	37	62. Does not express emotions or needs in socially appropriate ways; has no strategies for relieving stress and tension.	P-S
39	42	42	63. Is unaware of others' feelings and needs; does not recognize nonverbal cues.	P-S
40	45	45	64. Has difficulty communicating with peers or strangers.	P-S
38	40	39	65. Does not recognize when he/she needs to change behaviour.	P-S
41	43	44	66. Has difficulty with group participation; is uncooperative.	P-S

APPENDIX J

SECTION FOUR RESULTS - RAW DATA INCLUDING MISSING RESULTS

Principal's Responses for Section IV Items on the Occupational Therapy Referral Instrument

ITEM #	JURIS.	SCHOOL	OWN SCHOOL	ITEM #	JURIS.	SCHOOL	OWN SCHOOL
1 - yes	41	33	14	2 - yes	42	48	51
no	9	18	37	no	7	5	4
blank	6	5	5	blank	7	3	1
3 - yes	39	33	20	4 - yes	39	33	22
no	10	16	28	no	11	19	30
blank	7	7	8	blank	6	4	4
5 - yes	43	44	43	6 - yes	47	51	44
no	7	8	11	no	2	2	10
blank	6	4	2	blank	7	3	2
7 - yes	46	49	47	8 - yes	43	45	45
no	2	3	9	no	6	7	11
blank	8	4	0	blank	7	4	0
9 - yes	47	48	44	10 - yes	45	47	49
no	2	4	11	no	6	5	6
blank	7	4	1	blank	5	4	1
11 - yes	44	43	40	12 - yes	44	46	45
no	5	6	11	no	5	5	8
blank	7	7	5	blank	7	5	3
13 - yes	43	46	48	14 - yes	43	47	52
no	7	6	5	no	6	5	2
blank	6	4	3	blank	7	4	2
15 - yes	45	48	48	16 - yes	46	48	44
no	4	4	6	no	3	4	10
blank	7	4	2	blank	7	4	2
17 - yes	46	49	43	18 - yes	43	44	40
no	3	4	10	no	8	5	11
blank	7	3	3	blank	5	7	5
19 - yes	43	46	36	20 - yes	43	46	36
no	5	4	13	no	7	5	14
blank	8	6	7	blank	6	5	6

Principal's Responses for Section IV Items on the Occupational Therapy Referral Instrument

ITEM #	JURIS.	SCHOOL	OWN SCHOOL	ITEM #	JURIS.	SCHOOL	OWN SCHOOL
21 - yes	41	46	51	22 - yes	42	46	54
no	7	5	2	no	6	4	0
blank	8	5	3	blank	8	6	2
23 - yes	40	45	54	24 - yes	40	40	31
no	9	6	0	no	9	10	20
blank	7	5	2	blank	7	6	5
25 - yes	39	41	35	26 - yes	43	44	41
no	10	9	16	no	6	7	12
blank	7	6	5	blank	7	5	3
27 - yes	42	46	53	28 - yes	41	46	53
no	5	4	0	no	5	4	0
blank	9	6	3	blank	10	6	3
29 - yes	42	46	53	30 - yes	42	45	51
no	5	4	0	no	6	5	2
blank	9	6	3	blank	8	6	3
31 - yes	41	46	51	32 - yes	41	41	46
no	5	4	2	no	7	9	7
blank	10	6	3	blank	8	6	3
33 - yes	41	43	46	34 - yes	43	45	44
no	6	6	5	no	4	5	5
blank	9	7	6	blank	9	6	7
35 - yes	41	46	42	36 - yes	40	40	25
no	6	6	8	no	8	10	23
blank	9	4	6	blank	8	6	8
37 - yes	41	41	25	38 - yes	42	42	24
no	8	10	26	no	7	8	25
blank	7	5	5	blank	7	6	7
39 - yes	40	43	34	40 - yes	43	47	51
no	8	8	16	no	4	4	1
blank	8	5	6	blank	9	5	4

Principal's Responses for Section IV Items on the Occupational Therapy Referral Instrument

ITEM #	JURIS.	SCHOOL	OWN SCHOOL	ITEM #	JURIS.	SCHOOL	OWN SCHOOL
41 - yes	43	47	49	42 - yes	46	47	51
no	4	4	3	no	2	3	2
blank	9	5	4	blank	8	6	3
43 - yes	45	49	52	44 - yes	43	48	48
no	3	2	0	no	4	3	3
blank	8	5	4	blank	9	5	5
45 - yes	43	46	44	46 - yes	43	47	49
no	4	4	6	no	4	4	2
blank	9	6	6	blank	9	5	5
47 - yes	43	47	48	48 - yes	44	47	46
no	4	3	5	no	3	3	7
blank	9	6	3	blank	9	6	3
49 - yes	42	46	48	50 - yes	41	46	41
no	4	3	3	no	6	4	10
blank	10	7	5	blank	9	6	5
51 - yes	45	47	42	52 - yes	42	48	49
no	3	4	8	no	5	3	2
blank	8	5	6	blank	9	5	5
53 - yes	43	47	42	54 - yes	43	47	47
no	5	4	10	no	4	3	3
blank	8	5	4	blank	9	6	6
55 - yes	44	44	37	56 - yes	44	46	47
no	5	6	14	no	4	5	4
blank	7	6	5	blank	8	5	5
57 - yes	43	48	47	58 - yes	42	47	48
no	4	3	4	no	5	4	3
blank	9	5	5	blank	9	5	5
59 - yes	41	45	45	60 - yes	42	47	49
no	6	6	6	no	4	3	1
blank	9	5	5	blank	10	6	6

Principal's Responses for Section IV Items on the Occupational Therapy Referral Instrument

ITEM #	JURIS.	SCHOOL	OWN SCHOOL	ITEM #	JURIS.	SCHOOL	OWN SCHOOL
61 - yes	44	46	48	62 - yes	38	41	37
no	4	4	2	no	10	9	12
blank	8	6	6	blank	8	6	7
63 - yes	39	42	42	64 - yes	40	45	45
no	9	8	7	no	6	6	4
blank	8	6	7	blank	10	5	7
65 - yes	38	40	39	66 - yes	41	43	44
no	9	9	9	no	6	5	5
blank	9	7	8	blank	9	8	7

APPENDIX K

SECTION FOUR RESULTS - MISSING DATA ON LEVEL OF EDUCATIONAL RESPONSIBILITY FOR SCHOOLS AND JURISDICTIONS

Section IV Results - Missing Data for Level of Educational Responsibility for Each Behaviour Item on the Occupational Therapy Referral Checklist

Behaviour Item Description from the Referral Checklist	Number of Principals Leaving the Item Blank at Each Level of Responsibility or the Principal's Own School's Ability to Ability to Handle the Behaviour		
	Jurisdiction	School	Own School
1. Is unable to manage toiletting. (ADL)	6	5	5
2. By age 10, pays little attention to his/her appearance; is messy and unkempt. (ADL)	7	3	1
3. Has difficulty with swallowing, chewing, drinking, or drooling. (ADL)	7	7	8
4. Needs assistance with self-feeding or is exceptionally sloppy. (ADL)	6	4	4
5. Has trouble putting on clothes and changing; has difficulty with fastenings. (ADL)	6	4	2
6. Has difficulty with stairs (holds bannister, 2 feet/step). (S-M)	7	3	2
7. Walks poorly with assistive device (eg. canes, walker, crutches). (THER)	8	4	0
8. Habitually walks on toes. (S-M)	7	4	0
9. Needs help with use of wheelchair. (ADL)	7	4	1
10. Cannot heel-toe walk, hop on one foot, or jump in place. (S-M)	5	4	1
11. Does not have reciprocal arm and leg movements when walking. (S-M)	7	7	5
12. Stumbles and falls more frequently than others his/her age. (S-M)	7	5	3

Section IV Results - Missing Data for Level of Educational Responsibility for Each Behaviour Item on the Occupational Therapy Referral Checklist

Behaviour Item Description from the Referral Checklist	Number of Principals Leaving the Item Blank at Each Level of Responsibility or the Principal's Own School's Ability to Ability to Handle the Behaviour		
	Jurisdiction	School	Own School
13. By age 8, has difficulty using a telephone. (ADL)	6	4	3
14. Has difficulty handling small items (eg. coins, paperclips). (S-M)	7	4	2
15. Has physical difficulties in accessing a computer. (THER)	7	4	2
16. Requires special adjustments to use a computer in class. (THER)	7	4	2
17. Has difficulties with doorknobs and faucets. (S-M)	7	3	3
18. By age 8, has difficulty with simple homemaking tasks. (ADL)	5	7	5
19. By high school, has unrealistic career plans in light of abilities. (P-S)	8	6	7
20. Lacks basic job acquisition skills (eg. applications, interviews). (ADL)	6	5	6
21. Rarely plays with other children; does not have friends. (P-S)	8	5	3
22. Has difficulty taking turns, sharing or following rules. (P-S)	8	6	2
23. Does not play age appropriate games. (ADL)	7	5	3
24. Has extreme tightness at any joint which limits function. (THER)	7	6	5

Section IV Results - Missing Data for Level of Educational Responsibility for Each Behaviour Item on the Occupational Therapy Referral Checklist

Behaviour Item Description from the Referral Checklist	Number of Principals Leaving the Item Blank at Each Level of Responsibility or the Principal's Own School's Ability to Ability to Handle the Behaviour		
	Jurisdiction	School	Own School
25. Has too much movement in joints; seems double jointed. (S-M)	7	6	5
26. Has a splint or brace that interferes with classwork. (THER)	7	5	3
27. Has difficulty using scissors or cutting along a line. (S-M)	9	6	3
28. Has difficulty bouncing, throwing, or catching a large ball. (S-M)	10	6	3
29. Holds pencil awkwardly; presses too hard or too lightly. (S-M)	9	6	3
30. By age 9, has difficulty spacing letters; is messy. (S-M)	8	6	3
31. When writing does not use non-dominant hand to stabilize the paper. (S-M)	10	6	3
32. When using one hand, tenses or moves the other. (S-M)	8	6	3
33. Loses place when reading; moves head as well as eyes when reading. (S-M)	9	7	5
34. Does not allow others to be near by when working; is upset by unexpected touch. (S-M)	9	6	7
35. Appears to have poor overall body strength; is "floppy". (S-M)	9	4	6
36. Sometimes makes no attempt to catch self when falling. (S-M)	8	6	8

Section IV Results - Missing Data for Level of Educational Responsibility for Each Behaviour Item on the Occupational Therapy Referral Checklist

Behaviour Item Description from the Referral Checklist	Number of Principals Leaving the Item Blank at Each Level of Responsibility or the Principal's Own School's Ability to Ability to Handle the Behaviour		
	Jurisdiction	School	Own School
37. Has trouble holding head up when sitting. (S-M)	7	5	5
38. Slumps to one side or slides forward in chair or wheelchair. (THER)	7	6	7
39. Has a hard time keeping balance; readjusts posture frequently. (S-M)	8	5	6
40. Has difficulty with puzzles. (S-M)	9	5	4
41. Has difficulty copying from the blackboard. (S-M)	9	5	4
42. By age 8, still has number or letter reversals or inversions. (S-M)	8	6	3
43. Has difficulty copying shapes, numbers, or letters. (S-M)	8	5	4
44. Has trouble pasting one piece of paper on another. (S-M)	9	5	5
45. Is awkward and large movements are clumsy. (S-M)	9	6	6
46. Has poorly developed sense of rhythm; can not play clapping games. (S-M)	9	5	5
47. By age 7, still switches hands during activities; is not skilful with either. (S-M)	9	6	3
48. By age 9, still confuses right and left on self or another person. (S-M)	9	6	3

Section IV Results - Missing Data for Level of Educational Responsibility for Each Behaviour Item on the Occupational Therapy Referral Checklist

Behaviour Item Description from the Referral Checklist	Number of Principals Leaving the Item Blank at Each Level of Responsibility or the Principal's Own School's Ability to Ability to Handle the Behaviour		
	Jurisdiction	School	Own School
49. Is confused about the meaning of directional words such as in front, behind, beside, up, above. (S-M)	10	7	5
50. Has difficulty imitating simple body postures and movements; does not cross the body midline. (S-M)	9	6	5
51. Is unable to draw a 6 part recognizable person with a body. (S-M)	8	5	6
52. Is easily distracted; has a short attention span. (COG)	9	5	5
53. Is hyperactive; very restless. (COG)	8	5	4
54. Has difficulty communicating events sequentially. (COG)	9	6	6
55. Cannot repeat 3 words or numbers. (COG)	7	6	5
56. Has difficulty classifying or categorizing objects. (COG)	8	5	5
57. Has trouble applying concepts to a variety of situations. (COG)	9	5	5
58. Does not recognize when help is needed; does not request help. (P-S)	9	5	5
59. Cannot realistically identify his/her strengths and limitations. (P-S)	9	5	5

Section IV Results - Missing Data for Level of Educational Responsibility for Each Behaviour Item on the Occupational Therapy Referral Checklist

Behaviour Item Description from the Referral Checklist	Number of Principals Leaving the Item Blank at Each Level of Responsibility or the Principal's Own School's Ability to Ability to Handle the Behaviour		
	Jurisdiction	School	Own School
60. Has no strategy for solving simple problems. (COG)	10	6	6
61. Is easily frustrated or discouraged. (P-S)	8	6	6
62. Does not express emotions or needs in socially appropriate ways; has not strategies for relieving stress or tension. (P-S)	8	6	7
63. Is unaware of others' feelings and needs; does not recognize nonverbal cues. (P-S)	8	6	7
64. Has difficulty communicating with peers or strangers. (P-S)	10	5	7
65. Does not recognize when he/she needs to change behaviour. (P-S)	9	7	8
66. Has difficulty with group participation; is uncooperative. (P-S)	9	8	7

APPENDIX L

SECTION FOUR RESULTS - MISSING DATA FOR REFERRAL ITEMS FROM THE TWO GROUPS OF PRINCIPALS

Missing Data for Referral Items From the Two Groups of Principals

Item Number	Jurisdiction Level of Responsibility		School Level of Responsibility		Principal's Own School's Ability to Handle the Behaviour	
	Schools with Spec. Services/ Programs	Schools with few/ no Spec. Services/ Programs	Schools with Spec. Services/ Programs	Schools with few/ no Spec. Services/ Programs	Schools with Spec. Services/ Programs	Schools with few/ no Spec. Services/ Programs
1	3	3	2	3	1	4
2	3	4	1	2	0	1
3	3	4	4	3	4	4
4	2	4	2	2	1	3
5	2	4	1	3	0	2
6	2	5	1	2	0	2
7	3	5	1	3	0	0
8	2	5	1	3	0	0
9	2	5	1	3	1	1
10	2	3	1	3	0	1
11	2	5	2	5	2	3
12	2	5	2	3	1	2
13	2	4	1	3	0	3
14	2	5	1	3	0	2
15	2	5	1	3	0	2
16	2	5	1	3	0	2
17	2	5	1	2	0	3
18	3	3	3	4	2	3
19	3	5	3	3	2	5
20	2	4	2	3	1	5
21	3	5	2	3	1	2
22	3	5	2	4	1	1
23	2	5	2	3	1	2
24	2	5	2	4	1	4
25	3	4	3	3	2	3
26	2	5	2	3	1	2
27	3	6	2	4	1	2
28	4	6	2	4	1	2
29	3	6	2	4	1	2
30	3	5	2	4	1	2
31	4	6	2	4	1	2
32	3	5	2	4	1	2
33	3	6	3	4	3	3

Missing Data for Referral Items From the Two Groups of Principals

Item Number	Jurisdiction Level of Responsibility		School Level of Responsibility		Principal's Own School's Ability to Handle the Behaviour	
	Schools with Spec. Services/ Programs	Schools with few/ no Spec. Services/ Programs	Schools with Spec. Services/ Programs	Schools with few/ no Spec. Services/ Programs	Schools with Spec. Services/ Programs	Schools with few/ no Spec. Services/ Programs
34	3	6	3	4	4	2
35	3	6	2	2	2	4
36	3	5	3	3	4	4
37	3	4	2	3	1	4
38	3	4	3	3	3	4
39	3	5	3	2	2	4
40	3	6	2	3	1	3
41	3	6	2	3	1	3
42	3	5	2	4	1	3
43	3	5	2	3	1	3
44	3	6	2	3	1	4
45	3	6	3	3	2	4
46	3	6	2	3	1	4
47	3	6	2	4	1	2
48	3	6	2	4	1	2
49	4	6	3	4	2	3
50	3	6	2	4	1	4
51	3	5	2	3	1	5
52	3	6	2	3	1	4
53	3	5	2	3	1	3
54	3	6	2	4	1	5
55	3	4	2	4	1	4
56	3	5	2	3	1	4
57	3	6	2	3	1	4
58	3	6	2	3	1	4
59	3	6	2	3	1	4
60	3	7	2	4	1	5
61	3	5	2	4	2	4
62	3	5	2	4	1	6
63	3	5	2	4	1	6
64	3	7	2	3	1	6
65	3	6	2	5	1	7
66	3	6	2	6	1	6

APPENDIX M

OPEN-ENDED QUESTION REGARDING LEGISLATION AND SERVICE PROVISION: COMMENTS MADE BY THE PRINCIPALS

Comments made by Principals on the Open-Ended Question Regarding Legislation and Service Provision

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Aides, Teachers and Personnel

- an aide, or outside professional may have to be accessed
- provide aides to assist
- more supporting assistance, re: personnel from Alberta Education
- require the provision of competent aides to assist
- hire staff to provide the services needed
- human resources within the schools
- increase support staff to help teachers who are working with exceptional children in regular classrooms
- need special education teachers and aides
- staff special schools with well trained professional staff...let the regular schools function in a usual traditional setting...special kids need special help in special schools with specially trained staff
- must be provided with the appropriate and sufficient care...regular classrooms with regular support are not the places for these children
- increase support and expertise
- increase the people resources
- decrease the unrealistic demands placed on regular classrooms teachers to accept and accommodate without providing necessary support and services
- provide specially trained personnel

Comments made by Principals on the Open-Ended Question Regarding Legislation and Service Provision

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Funding Issues

- money for program material
- enhanced funds from the province
- integration into the regular school system...limitations and costs involved...money (special budget...) should come from the government to cover these costs
- provide more money for schools
- provide own funding [the child's family?]
- support [financial?]
- financial support from the Department of Health is needed to assist with our services and to allow for their provision in other areas
- more provincial funds to be available
- financial commitment from the government is crucial
- funding!!!
- the school board is very reluctant to provide adequate funding in order to accommodate these students or programs to meet their needs
- return to special grants
- increase funding
- funding to maintain and increase people resources
- more funding/better funding
- funding to make alternative programs available
- increase funding to increase and improve alternatives

Comments made by Principals on the Open-Ended Question Regarding Legislation and Service Provision

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Inservice, Training, and Education

- inservicing
- summer courses
- increased education and communication
- inservices
- do classroom teachers have the specialized training to handle these exceptional children?
- training of staff, facilities, inservices, counselling
- training - on site

Comments made by Principals on the Open-Ended Question Regarding Legislation and Service Provision

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Integration and Placement Comments

- we cannot do everything at school for every child we have
- where do you draw the line on which exceptional children should be in the schools?
- can regular [teachers] be expected to handle all this plus 30 other kids
- still favour segregated special schools for extreme cases of bodily dysfunction
- unrealistic [expectations] for severe behaviours where the safety of others is unsure...the completely dependent child whose abilities prevent him from minimal goals of education?
- making exceptional children part of the society now will save millions of dollars in the long run
- believe we have a school-level responsibility to meet the learning needs of all children...only in situations where the safety and learning of others are threatened do I favour segregated special schools and programs
- schools are appropriate places for students with mild handicaps, average or exceptional abilities...most schools do not and should not, accommodate students with severe handicaps or disabilities
- develop [special] schools for students with severe handicaps or disabilities
- regular classrooms with regular support are not the places for these children
- decrease expectations placed on the classroom teachers to deal with more and more exceptional children

Other Related Comments:

- that the [legislators] become more aware, realistic of the workload of the teacher and principal before more is added on
- tough on everybody...exceptional kids see themselves as so different and kids can be so cruel...now no room [contributes] to reasons for not having complete integration
- change the legislation, increase viable alternatives